

FRAUDS AND QUACKERY AFFECTING THE OLDER CITIZEN

HEARINGS BEFORE THE SPECIAL COMMITTEE ON AGING UNITED STATES SENATE EIGHTY-EIGHTH CONGRESS FIRST SESSION

Part 1.—Washington, D.C.

JANUARY 15, 1963

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Part 1.—Washington, D.C., January 15, 1963.

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FRAUDS AND QUACKERY AFFECTING THE OLDER CITIZEN

TUESDAY, JANUARY 15, 1963

U.S. SENATE,
SPECIAL COMMITTEE OF AGING,
Washington, D.C.

The committee met, pursuant to call, in room 4230 of the New Senate Office Building, Hon. Pat McNamara (chairman) presiding.

Present: Senators McNamara, Williams, Neuberger, Randolph, Carlson, Bennett, and Javits.

Committee staff members present: William G. Reidy, Staff Director; Frank C. Frantz, professional staff member; Jack Moskowitz, counsel; John Guy Miller, minority counsel.

The CHAIRMAN. The hearing will be in order, please.

Ladies and gentlemen, consumer protection has always been a matter of deep concern to many in the Congress, who believe that the Government has a duty to help the people protect themselves from fraud and deception.

The need for such assistance was never greater than it is today. We live in the "Era of the Hard Sell."

Television and radio bring the glib, persuasive "pitchman" with his often exorbitant, misleading claims into every living room. The reaction to this has been an increasing awareness on the part of many of the need for more consumer protection.

President Kennedy has created a Consumer Advisory Council. This is an important first step.

My colleague, Senator Hart, of Michigan, has introduced a bill that would prevent deceptive labeling of merchandise. I hope the Congress will act favorably upon this legislation.

Today, the Senate Special Committee on Aging opens a series of hearings on frauds that particularly affect our senior citizens.

We hope, in these hearings, to determine the extent of fraud and deception affecting this age group. We seek—first—information, and a number of expert witnesses will provide us with that information.

A later step will be to determine whether additional legislation is needed, or whether the necessary consumer protection of our senior citizens can be met in other ways.

Some may ask: Why restrict these hearings to the aged?

The reasons are several. In the first place, the problems of the aged are the particular concern of this committee.

Secondly, the senior citizen is particularly vulnerable to the spiel of the pitchman. When he is ailing and in pain, for example, he will listen to the glib promoter who has "the sure cure" for arthritis.

Because his income is low, the "quick money scheme" has great appeal.

In the third place, the results of fraud upon the elderly are particularly tragic. The young have time to recoup from financial folly.

But the lifetime savings of the aged—lost to the swindler or the quack—are seldom replaced.

It is my hope that the information developed in these hearings—by these experts from many areas—will result in greater protection for the elderly person—from the unscrupulous fast-buck artist.

Senator JAVITS. Will the Chair yield for a moment?

The CHAIRMAN. I am happy to yield to my colleague from New York.

Senator JAVITS. I want to state I am very pleased to see the Chair call these hearings. I think consumer protection is sadly missing in every element of the Federal Government. For myself I have proposed legislation for—and I have long sought—a joint committee on consumers, analogous to the committees on small business, and I think that this also reflects the urgent need for a Federal program of health care for the aging, and the Chair is doing its best, in view of the wide need in the Federal establishment. I am delighted to see the Chair take this initiative. I would like to acknowledge the presence of Mr. Barnett Levy, assistant attorney general in charge of consumer frauds and protection bureau, and Mr. Milton Myers, assistant to Hon. Louis J. Lefkowitz, attorney general for the State of New York.

The CHAIRMAN. The Senator has had a longstanding interest in the problems of the aged and we appreciate his cooperation.

Senator CARLSON. Mr. Chairman, may I also express my appreciation for the chairman calling this committee together for this type of a hearing. I think it is essential in view of the problems confronting this great group of our citizens, and I sincerely hope that the hearing will develop information that will be helpful in formulating legislation.

I have an executive session of the Senate Foreign Relations Committee at 10:30 and I would like to be excused at that time.

The CHAIRMAN. Thank you, Senator Carlson, for being here. We understand your responsibilities to the Foreign Relations Committee and we will be happy to have you come back if you can.

Senator CARLSON. Thank you.

The CHAIRMAN. If there are no further comments, we will proceed with our witnesses. The first one this morning is Mr. Jerry J. Walsh, executive director, Illinois chapter of the Arthritis and Rheumatism Foundation. Is Mr. Walsh here?

Mr. Walsh has two other men with him, I believe, who are from the same organization and we will ask him to introduce them, when he gets seated, for the record.

STATEMENTS OF JERRY J. WALSH, EXECUTIVE DIRECTOR, ILLINOIS CHAPTER; DR. RONALD W. LAMONT-HAVERS, NATIONAL MEDICAL DIRECTOR; AND DR. RUSSELL L. CECIL, CONSULTING MEDICAL DIRECTOR OF THE ARTHRITIS AND RHEUMATISM FOUNDATION

Mr. WALSH. For the record, the two other gentlemen that I have with me are Dr. Ronald W. Lamont-Havers, our national medical director of the Arthritis and Rheumatism Foundation, and the AMA distinguished award winner of the year and dean of physicians on the problem of arthritis, Dr. Russell L. Cecil. Dr. Cecil is our consulting medical director.

The CHAIRMAN. We are very glad to welcome you gentlemen here. I am sure that you have a contribution to make to our hearings. If you will all be seated you can proceed in your own manner, Mr. Walsh.

Mr. WALSH. I bow to the outstanding citizen, Dr. Cecil.

Dr. CECIL. Mr. Chairman and distinguished members of the committee, my name is Dr. Russell L. Cecil, and I am consulting medical director of the Arthritis and Rheumatism Foundation. This foundation is comparable to the American Heart Society and American Cancer Society in that we are challenging the ills and sufferings caused by one of the most prevalent of all chronic diseases, which goes by the name of arthritis, or chronic arthritis. If we included with this, rheumatism with its various forms of muscular pain and stiffness, you can say that arthritis and rheumatism together constitute almost a universal disease.

I want to just say a few words about the problem. I don't want to burden you with a lot of technicalities, but arthritis is any inflammation of joints, the hinges of the body. The term "rheumatism" is used for the soft tissue involved. If you have sciatica, or lumbago, or bursitis of the shoulder or of any of the soft tissues of the extremities, it generally goes by the name of muscular rheumatism or bursitis. But arthritis really is the big part of the problem because that makes the cripples. The soft tissue inflammations and rheumatism are generally easily controlled and most of them are curable. There are a great many different kinds of arthritis really, but there are two forms we call the important forms of arthritis. One is known as rheumatoid arthritis, which causes deformities and freezing of the joints. It is supposed to occur in about 2 percent of our adult population, and then there is a second form known as osteoarthritis which is quite different in character and is more a degeneration of joints than an actual inflammation.

Osteoarthritis is one of the features of aging, you might say, and we practically all get it, even old animals, and especially the active ones like horses and dogs. Even some of the prehistoric animal skeletons show very clearly that they were subject to osteoarthritis just as man is today, as he matures and gets into the middle and late decades of life.

The other forms that we frequently see in our arthritis clinics are the poker spine, where the back is chiefly affected and becomes frozen into one piece so that you can hardly bend forward, and bursitis of the shoulder and rheumatic fever and gout. Gout is a form that you gentlemen would be interested in because gout, you know, was supposed to be a disease of high living. It got to be a sort of a joke and you were the butt of jokes if you developed gout. But modern studies have shown that the poor man's gout is just about as common as rich man's gout. Though I do not think any of us would advocate a diet of sherry and madeira wine, for a man with gout, at the same time we are not nearly as rigid in our diet restrictions on gout patients as we used to be, because we know that metabolism changes are largely responsible for the disease.

Now, what is the relationship of this very common disease—arthritis—to aging? There are supposed to be about 12 million arthritics in the United States. About 8 million of these are people who are past the age of 45. Now, does that mean that arthritis is a disease of old people? Not at all. It simply means that arthritis is a chronic disease, and as people who have developed it in the twenties and thirties age, the picture becomes complicated. The symptoms of arthritis merge with the symptoms of aging and, as those of us who have gotten along to the gray beard stage know the symptoms of aging. They really intensify the symptoms of this disease which has already caused plenty of trouble.

The treatment of arthritis is readily divided into two kinds, you might say—what we call ethical treatment or the kind of treatment that a well-trained physician would give, and the unethical type which we are particularly interested in today. This consists of the use of various nostrums and outright quackery, and has become really a scandalous affair. I think that the arthritic and various rheumatic conditions are more subject to quack remedies and more vicious misrepresentations than any other diseases. We all know how much you see on television today with regard to the common cold and certain other ailments like constipation, but the one that really rings the bell is arthritis. That is the reason our foundation has become so concerned about this problem and has done a great deal to try to check its growth and development.

The foundation recently made a study (the members of our staff did an excellent job) of this problem and this little book is called "Misrepresentation of Arthritis Drugs and Devices in the United States." I think these can both be passed around among the members of the committee.

The CHAIRMAN. Thank you very much. We would be interested in making that a part of our record for reference, and the recorder will treat it accordingly.

Dr. CECIL. The various forms of quackery can be divided into two groups—drugs that advertise, mostly pink or red or blue and other pretty colors, and gadgets.

This is a very interesting example of what goes on in the way of quack gadgets for the treatment of arthritis and rheumatism. Here is something that is known as the oxydonor, and I can tell you a very short but interesting story on this contrivance. When I was a boy, back about 1894, my mother was suffering from arthritis, and she got

one of these contrivances which is attached to the wrist here while this is put in a basin of water. You are supposed to keep it for half an hour or more and that is supposed to cure the arthritis. It is similar in some ways to the copper bands that you have seen your friends who have arthritis wearing around their wrists. In fact, I saw such a band not so very long ago on a very distinguished doctor and professor in New York City, who was affected by arthritis. I was surprised to see this gentleman, who was a great expert on diseases of the lungs, had resorted in desperation, to this very rudimentary, so-called cure for arthritis. These gadgets are of many kinds, and some are very expensive. There is an apparatus that costs \$1,250, and this (the oxydonor) goes for about \$35. But it is interesting that this gadget has persisted up until 1958 and was first on the market in 1892. It is remarkable that this simple little piece of quackery should have gone on year after year and been used, something that has nothing in it. I thought there might be a little galvanic battery in it, but there is nothing in it. I think it is amazing that they should have been able to carry that on and advertise it and make money out of it for practically half a century.

So come of the quack medicines fall by the wayside very quickly, but there are many of them that go on year after year.

The ethical drugs are very different, and the ethical treatment is very different. Our treatment today for arthritis is quite effective.

We have no cure for the disease, but we do help a great many. We help them much more than they used to be helped 25 years ago, and we do that because the treatment has gotten away from what I might call pure treatment with drugs, into what is called the physical approach to the problem. We put more emphasis on the use of the various physical agents, such as hydrotherapy, physical therapy, occupational therapy, climate, massage, and various other means of attacking the disease by physical measures.

The drugs we use are comparatively few. Aspirin, of course, is the most popular because it is cheap and harmless. Of course, it is also the basis for most of the quack remedies. You will find these beautiful bottles of pink and red medicine containing aspirin solutions with certain other things to make it taste good, that sell for about 10 times the cost of a bottle of aspirin. The other drugs that have stood the test of time are gold salts which are very helpful in rheumatoid arthritis, and the cortisone drugs, which have had a great deal of publicity and have their place in our treatment schedule. Cortisone drugs, and even the gold salts, have certain side effects that the doctor has to be on the lookout for, but these both have an important place in what I call the ethical treatment of arthritis.

The thing that we wish to stress today is that arthritis is not only a crippling disease but it is a disease that passes over into old age and becomes a problem of the aged along with the usual changes that go on. Thirdly, we want to stress the fact that these people are easy marks, and suckers for the various forms of quackery. They become desperate, and the older they get the more desperate they become. They will spend their last dollar on something that is completely useless and may actually be harmful in their efforts to get well.

A survey was made not long ago, out in Colorado, of all of the arthritics in the State, and it was found that 40 percent of them were

getting no medical care whatever. They had just gotten discouraged and were probably sitting around the fire in a rocking chair with some sort of a quack medicine at hand, and they had gotten so desperate they had no medical service whatever.

I think I have about used up my time, gentlemen. So I will turn this microphone over to Mr. Walsh. This is a very wonderful and courageous man who has suffered from arthritis for a good many years. I will let Mr. Walsh take the floor.

Senator RANDOLPH. Dr. Cecil, with the permission of the Chair, I would like to ask a question. You have mentioned the treatment for arthritis. I wonder if the climatic conditions of various States which are now having increased population surges—like Arizona, California, and Nevada—I wonder whether the older people are going to those States just because they are States that appeal to them from the standpoint of warmth, or whether they are going there because, in many instances, they have been told by physicians or those who are familiar with the cure or partial cure of arthritics that this type of climate would be helpful.

Dr. CECIL. I don't think that we have any very reliable statistics on that. But I will say this: I personally am acquainted with Tucson, Ariz., and I have been there several times, not as a patient, thank God, but as a physician. A great many people have gone there to live because of their arthritis, and the same is true with other towns in Arizona. I don't know about Florida migrations. They had a great many older people go there just as they go to Arizona and New Mexico. Some arthritics feel better when they are in a hot, dry climate, and they discover that, and probably tell their friends. I don't know what the percentage would be, but I am sure a great many old folks go to those hot, dry climates because of rheumatic forms of pain of some kind.

Senator RANDOLPH. I have this final point, Mr. Chairman. In certain advertisements of housing, mention has been made that these climates are helpful to the elderly who are suffering from arthritis. Did you know that there are such advertisements in connection with the housing?

Dr. CECIL. No, I have not seen those particular ones, but, of course, those real estate fellows out there in Arizona are pretty aggressive. I know that. There has been a tremendous growth in population, and I expect that that has happened.

Dr. LAMONT-HAVERS. I think what Dr. Cecil means is that there is no good evidence that going to any climate will affect the natural history of rheumatic disease. Certainly people who go to the Southwest may find living easier but frequently it does not affect the natural history of their arthritic condition. We know of many people who have returned from that area with their arthritis unchanged.

Arthritis is affected by many other factors, and climate is usually a very minor one. What we do find is that people who have this mistaken notion of going to Tucson or Arizona without realizing the economic problems involved, arrive out there and then have no place where they can turn for help. They frequently arrive without funds and when they try to seek help the community will not give them help because they must first be residents for a year. This is a great problem.

It is true, as far as advertising of housing schemes is concerned, while the ads frequently do not say that such and such a climate is good for arthritis, they will quote or have a letter from somebody who said that their arthritis was better. This is a testimonial, which is a very bad way of advertising.

Dr. CECIL. If I could add a word, one of the most damaging bits of evidence, of course, against the climate theory is that a good many natives of Arizona develop arthritis right there in their own State. It is not a very good advertisement for the real estate people, naturally.

The CHAIRMAN. Senator Bennett, do you have any comment?

Senator BENNETT. No, thank you.

Senator WILLIAMS. I have just one question, Dr. Cecil. From time to time the question arises around here of whether it should not be required that drugs be described by their generic terms rather than as they are now, by brand names. There are some who have advanced the thought that drugs by this description would then be cheaper. I wonder if you would make a comment on that, and also on another question that arises from your description of the colored aspirin with some other agents in it—would a requirement that makes it necessary to describe generically the contents of these medicines be helpful in eliminating quackery?

Dr. CECIL. If it was on the bottle, you mean?

Senator WILLIAMS. Yes.

Dr. CECIL. Well, I think it would. I think that they should be required to put the formula, or the contents on the bottle. There may be some law to that effect.

Dr. LAMONT-HAVERS. Most of these so-called drugs that have an effective ingredient do have on the package what they contain, to comply with the food and drug laws. But, of course, this does not mean very much to the consumer anyway, so that he really does not know what is effective and what is not effective as far as the contents are concerned. I don't think these laws have their intended effect really. For example, alfalfa tea and many similar products have on the bottle all of the things that they contain, so that the person buying it can see what is in there. He can see that it contains salicylates, perhaps, but that does not mean aspirin to him. Often he thinks it is some special form of drug.

Senator JAVITS. I just wanted to ask one question. First, I would like to express my sympathy with the point Senator Randolph made. We, too, in a State of temperate climate, find that many people have illusions about what mild climates will do for them without realizing, as you say, that people in milder climates have these and perhaps other illnesses. We, too, have the problem of keeping our population in a sense much as we share in the progress of our States.

I would like to ask you if it is a fact that in all of these matters, it is really the patient or the person who seeks the cure who is deluding himself. He does not have to buy any of the things that people try to sell to him. Would you, therefore, say that our principal problem is to be sure that intelligent and thoroughgoing, easily assimilable information reaches the potential buyer. That is the real source at which to cut off fraud, because crooks will arise, as we know, about as fast as you cut them down, notwithstanding every effort we make. We should cut them down mercilessly, but still the real point is to reach

those who are the customers for the kind of quackery, is that not so?

Dr. CECIL. Well, the old proverb about "caveat emptor" does not quite hold true here because these people are so sick and so miserable that they will take anything that is offered to them. I think that they need protection as you say. They need protection by more available information about the contents of the medicine, just what it can do and what it can't do. Of course, if it has aspirin in it, it is going to make them feel better, but why pay \$1 or \$2 for a bottle of aspirin?

Senator JAVITS. They need alternatives, if the total medical apparatus of the country were to give them some relief, then you would find less resort to these quack remedies. Would you say that?

Dr. CECIL. Yes, that is the reason for this whole movement of rehabilitation, of building the rehabilitation centers where people who have any kind of crippling, whether it is arthritis or paralysis or something else, can go and get physical treatment of various kinds.

Dr. LAMONT-HAVERS. I think that while it is true that the only way you can combat quackery is to have an informed public, it is also true as far as arthritis is concerned that patients frequently seek greater relief than they can legitimately expect. Yet with most of the rheumatic diseases it is the amount of effort which the patient is willing to put into the treatment which gets what he is going to get out of it. All of us being human, we are always seeking some easier way of doing this.

Therefore, what we hope to do is to get the patients to ask questions before they get duped, and not afterwards. Then, if knowing the facts they still wish to buy, then it is up to them. They are not doing it out of ignorance.

Senator BENNETT. Does your foundation have any program that attempts to reach the individual patient with basic information? The book which you showed us isn't the kind of publication in which you can reach an individual arthritic, or many arthritics, is it?

Mr. WALSH. Let me interject that the Arthritis and Rheumatism Foundation, in its program of fighting fraud with facts, has three goals outlined. One is to educate the general public about the dangers of misrepresented arthritis remedies, two, to direct arthritics to proper medical care, and three, to support all efforts to keep phony arthritis products off the market.

This is a program for each one of our 74 chapters in some 46 States, besides the programs of education and rehabilitation, research, and treatment they are carrying on. Of course, our main goal is as we say to provide care today and a cure tomorrow. I am sure with a cure it would not only cure arthritis, but it would cure quacks and the frauds and the charlatans working in the field.

Senator BENNETT. Do you have simple brochures which are distributed to individual sufferers?

Mr. WALSH. Yes. Our program involves dissemination of this factual information, and also asks the arthritic to call the local office for information on physicians who are trained in rheumatology, and also for names of clinics when the patient is not able to pay. We have such brochures as this—"Quackery in Arthritis," which is distributed free to the arthritics when they call or write to the office. Others are, "Arthritis Quackery Today," and "Fight Fraud With Facts." The Arthritis and Rheumatism Foundation does make literature available to the public.

Senator BENNETT. Do you have any positive information of the type that the two doctors have been giving us, about the basic types of treatment that are useful and available? These two brochures are obviously written to expose quackery, but I would think that the arthritic needs more than that about available information.

Mr. WALSH. We have booklets on osteoarthritis, for instance, which afflicts, as Dr. Cecil said, many of the 12 million or more arthritics in the country. We have booklets on home care, gout, and rheumatoid arthritis. These handbooks are available to anyone, though they are not a substitute for the physician.

Senator BENNETT. I realize that, but are they broadly disseminated, and are they distributed free upon request?

Mr. WALSH. Yes. I can speak for the State of Illinois. Some 34,000 arthritics, registered at our office, receive literature and new information four times a year from us. The doctors receive this Bulletin on Rheumatic Diseases nine times a year. So our program is one of a positive action. It is a program of action because, I, as an arthritic, know the problem in arthritis is one of apathy—apathy on the part of the public, apathy on the part of the physicians, and apathy on the part of the patient himself. I think the only way that you can change this apathy is through education—education starting at medical school and, continuing to the physician, and then on to the patient, and then on to the public, because the public is not aware of this problem. As Dr. Cecil said earlier, in discussing me as a horrible example of what arthritis can do, arthritis is no joke. It is sometimes humorous when I am getting in or getting out of a cab, and you can't tell when I go through the motion whether I am getting in or getting out—many people will say, "My God, Jerry, you mean you have arthritis? You are really in bad shape." Well, if they think I am in bad shape they should have seen me back in 1941 or 1942.

Arthritis came to me as a Christmas present in 1940. I was 18 years old at the time, and I had participated in sports, and I had been quite an athlete. I get better as the years go on, according to my public relations people; I pitched one no-hit game one time and now it is up to about four or five. I am 40 years old now and I think that is why they brought me in on this aging thing, because arthritis has aged me. In 1940, the dark ages of arthritis, when even diagnostic arthritis was a hard job, my case was at first diagnosed as a musclebound condition, then as rheumatic fever, and finally as rheumatoid arthritis. The idea was that I was to stay in bed in complete rest, and that I would probably be in bed the rest of my life.

I spent about 4½ years in complete horizontal hibernation and then decided that maybe I could work out of this thing. After many years of physical therapy, and also getting a couple of metal cups put in the hips in 1951, I have been able to work since 1951 for the Arthritis Foundation. But I do want to say to you gentlemen who are taking the time to hear this problem, that with the arthritic this matter of quackery is not a funny thing. It is not a humorous thing. It is not something that you want your picture all over for as a sucker who has been duped. But I can guarantee any of you gentlemen or anyone in this room, including myself, that if you are in this bed of pain with arthritis, you will try anything to stop the pain, at any cost. You say, "What have you got to lose?"

I know that I went from copper bracelets to buckeyes trying to find a cure. I've tried vibrating machines and diets, and had a chiropractor break one of my legs with his special treatment. Yet, continually, I went back, maybe to the tune of \$2,000 or \$3,000 or more. You don't keep track of the dollars, and in fact you like to forget them. You are always looking for relief.

So arthritics, as long as they have the pain and until we find something to relieve this pain, will seek any kind of help, and I do not blame them. With my condition right now, aspirin can do the job for me. I went through a period of steroids with various effects and everything else.

If someone would approach me today offering me, with a glib tongue and all, the opportunity of getting better, even better than I am right now, I am sure that I would think it over maybe for a couple of days. If I could do it in the back room unbeknown to you gentlemen, and I wouldn't have much to lose in time or money—and I don't know where I would draw the line on time or money, \$200 or \$300—I am sure that I would sneak a treatment. That is because I do want to get better. I don't look forward to aging. I have had this thing 22 years. You gentlemen want to stay in your positions year after year after year, but I don't want to stay in mine. I have had enough terms of this.

We recently adopted a boy, 2 years old, and I hope and pray that by the time he is 18 years old, we have found the cause and cure for this, and that you gentlemen have found a cause and cure for quackery and for the problem of aging, because we all know that people are living longer and there will be more arthritis.

Those are precious dollars that these people are spending that they can't afford to spend. But, as long as you have a market out there of 12 million people, and as long as we are a merchandising world as we are, we are going to prey on these people. We are going to exploit them.

I, for one, speaking only for myself as an arthritic, am sick and tired of being exploited. I am tired of the apathy, as I said before, on the part of the public, and on the part of the physicians, and particularly on the part of my fellow arthritics. If we ever get organized, gentlemen, we can put somebody right up in those chairs, because we represent a lot of votes. Right now we have been lulled into saying that there is nothing that can be done. There is something that can be done for arthritis, and if the arthritics get together, we have it within our power to do it ourselves. It might just come to that.

All of the people that you see crippled walking down the street are not polio victims. These people, young as they may be, have arthritis. So this isn't a problem just of the aging. There will be other Senators, years from now, who will be up there with the problem of arthritis in the aging if we don't have a program of action and education at this time.

I thank you Senators for taking the time to bring the problem of arthritis to the attention of the public, even though we go in the back door through the older folks. We have always learned from our parents. Maybe we will learn the answers to this problem of arthritis through our parents.

The CHAIRMAN. Thank you very much.

I might ask you a couple of short questions because we don't want to detain you any longer. We appreciate your cooperation very much.

One of the things that we are concerned with is the question as to whether or not we need additional laws to prevent the sale of such equipment as you have displayed here today. It seems to me that we have sufficient laws on the books now, if they were properly enforced, to prevent the sale of this gadget that you displayed here this morning, Doctor.

As you say, it has been on the market for 50 years. That indicates that there has been a great many people victimized by this thing that you say is positively worthless.

Now, have you tried, or has your foundation tried, to get to the proper Federal authorities to have this thing banned from sale?

Dr. CECIL. Yes, we have. We have made quite a few attempts, and some successful ones, in getting rid of some of the most flagrant quackeries, but I think Dr. Lamont-Havers can take care of that question better than I can.

Dr. LAMONT-HAVERS. I think, as far as the laws are concerned, that there are quite good laws on the books. The Arthritis and Rheumatism Foundation has had the opportunity to cooperate and work with the officials of the Food and Drug Administration, Federal Trade Commission, and the Post Office. I think, and quite sincerely, that the people of the United States and their Government should be proud of the dedicated people who work in these agencies trying to protect them. Frequently it is under great handicaps.

In many cases, the problems of why something is not stopped arises not because of lack of dedication among the civil servants working in these agencies, but because of the construction of the laws themselves and the fact that everything must go through the due process of law, and everybody has protection of the law.

We are concerned with a large number of areas which I think can be divided into five groups.

The first, of course, is with these gadgets, and with those things which are completely worthless, like uranium mines and uranium pads, which are quite popular. For this type of thing, I think that the laws are very effective, and the regulatory agencies do a good job, except where they get caught up in the intricacies of the laws themselves. The ability of the quack to keep appealing his case, can often enable him to go on year after year.

There are products which do have some active ingredients like salicylates. Frequently these have a great deal of money behind them, and can escape the law for a long time.

There is this whole area of nutritional supplements, which I am sure others will speak about, and which we are trying to do something about by getting out a diet booklet for arthritis sufferers.

There is the publication of widely inaccurate books and magazine articles, which I don't think any law is going to overcome, but which is one of the greatest frauds put upon the American public today.

There is the whole area of so-called clinics which operate and advertise widely in this country, to dupe people. Laws to control them are difficult to enforce, because they don't come under the jurisdiction of the Federal regulatory agencies. These are problems.

If I may, I would talk briefly about two areas which are really a problem and which point up some of the difficulties which you are having. These problems, I think, are even more difficult because they frequently involve otherwise quite responsible and influential members of the business community. What makes it even worse are the complaints of business regarding governmental regulations, when, unfortunately, too frequently these regulations are required because of the excessive irresponsibilities of this same industry.

I think too many people in the advertising world and too many publishers forget that freedom must be accompanied by responsibility.

Rather than take your time with many things, I would like to point out some of the problems with regard to the publication of books on arthritis, which has become such a lucrative business at the present time. Some of these books, which are all on quack types of therapy, are by physicians. Now, we believe that everybody has a right to his own conviction, and everybody has a right to have his beliefs published if he wishes to do so, but I think what we object to most is the exploitation of these views by others for their own gain, regardless of how this affects the public itself.

It would appear that the desire to profit from the gullibility of the arthritic in pain overcomes any feeling of compassion. The worst thing is that some of these books are by well-known publishing houses, and I think this is where it gets very serious.

One of them is this one by Dr. Jarvis on "Arthritis and Folk Medicine." Dr. Jarvis is quite entitled to his views, but Holt & Rinehart, the publisher, certainly knew that these views had no basis in fact. They were certainly not trying to improve the knowledge of the arthritic public. They were interested primarily in trying to sell this book, which they did, successfully, as you well know.

Another one is by Dr. Aschner, also a physician, now dead, from New York, "Arthritis Can Be Cured."

The advertising of this book was so bad the Post Office tried to stop it. They won their first case, but they lost on the appeal. They lost the appeal not because the advertising of this book was not false and misleading but because they couldn't prove fraud. Hence, this book, which has now been published for some 5 years, can still be bought on Fifth Avenue, and is still advertised.

This is not the fault of the regulatory agencies. It is the fault of the complexity of the law under which they work.

This is the latest one. This was in June—"Bee Venom Therapy." This is put out by a well-known publishing house, Putnam & Co. Putnam knew very well that we were concerned about the publishing of this book and the dissemination of this information, and they knew very well that it had no basis in fact. Dr. Broadman was quite entitled to his views on bee venom therapy, but I think that Putnam showed very bad judgment in trying to promote such a book. They were trying to get in on the fact that the arthritis victim can be duped.

This, I think, is a problem.

The CHAIRMAN. Then are we to conclude for the record that you and your foundation do not believe that at this point in our history we need additional laws?

Dr. LAMONT-HAVERS. The laws, I think, could be reviewed, particularly the laws which govern the Post Office's ability to protect

people. The fact that the Department has to prove fraud has more than once prevented something from being stopped. This is a big weakness in the law, plus the fact that they do require so much time.

Senator RANDOLPH. May I ask the witness, does the medical profession have any design or any method by which self-discipline could be strengthened within the medical profession? Is that done through any association?

Dr. LAMONT-HAVERS. This can be done through the county medical societies, but all the same, a physician is still entitled to his views. Anybody is entitled to his own views. What I object to is when these views are deliberately exploited by others for their own gain, and not for his. I think one of the most irresponsible examples of this, and one which has had severe consequences, was an article in Look magazine of May of last year on the so-called new arthritis controversy. This to me is a wonderful example of complete irresponsibility, since the author of that article knew exactly what the consequences would be. He knew that this would result in thousands of people rushing to Canada to get this material, and that this would be a problem. Look said in the article that this was a secret cure, and yet it knew that I knew what was in it, and there wasn't anything secret in this cure. We knew exactly what would happen, and it did happen. This has become even more difficult when you see results like this.

Senator WILLIAMS. Did they have the information?

Dr. LAMONT-HAVERS. They had available to them all of the information which they needed to show that this particular material in this article would cause serious side effects, and they were warned of this. We worked with them. I found out what was in the material before the article was published. This little girl took Liefcort that was smuggled into the United States. She went up to Canada to get it, and got some of the material in New Jersey. She is 6 years old, and has rheumatoid arthritis.

Now, what happened? She has tremendous breast development, and she gets hair development on her body, and she gets a fungus infection. But worse than this is the fact that, as we predicted, deaths have occurred.

I was in Montreal last Thursday and learned that in one hospital there in the last 2 or 3 months there have been two deaths directly attributable to this material.

To me this is irresponsible journalism. Look was concerned, presumably, primarily in selling magazines, and not in informing the public themselves. It is all very well to hide behind freedom of the press, but, as I said, freedom demands responsibility. To me this was complete irresponsibility.

We have had other examples of this. In 1959 an article was published in Better Homes and Gardens on immune milk. Again there was not a speck of basis for this material, and yet this was taken up and widely disseminated. It was only because of an action by ourselves in getting the information out that this hasn't become a greater problem to the American public than it is now, because the dairy people were extremely anxious to put money into the production of this material.

So this is an important area—the publication of books, and the wide dissemination of published information. We know from sur-

veys that patients with arthritis get most of their information concerning the disease not from the physician, not from the nurse, and not from any agency, but from magazines, television, and radio. This is why this area is so sensitive. When some piece of evidence which has no basis is published, it reaches the public and they believe it.

Certainly *Look* is a well-known magazine. Why shouldn't people believe that this material was something new? Only to be duped. We hope, through such committees as your own, that the responsible publishers—because *Look* is a responsible magazine, and these publishing houses are responsible people, and I am not saying that they aren't—these publishers will take into consideration the effect that their actions have on the lives of people. They can't say that this material does no harm. This is not right.

The CHAIRMAN. We have Senator Neuberger from Oregon here, and I am sure we are getting into an area in which she has a great interest.

Senator Neuberger?

Senator NEUBERGER. I am fascinated with the testimony, and something that you just said made me wonder if we could carry the analogy further. You said that naturally the arthritic sufferer thinks of *Look* as a reputable magazine. Therefore, there must be some credence to it.

Now, the arthritic sufferer also knows that the great Government of the United States has a department known as the Food and Drug Administration, and if the Government of the United States takes no action against these quacks and frauds, then are we to assume that they might say, "Well, the Government hasn't forbade the use, so maybe it is all right"?

Dr. LAMONT-HAVERS. The Food and Drug Administration did take rather fast action against Liefcort. The damage was done. These people get this material, or they went across to Canada, and they are still going across to get this material. The Food and Drug Administration has sent out notices, and prevented or at least tried to stop the importation of this material into the United States. It has done what it can.

But, after all, this article comes out in May. It takes time to get processes in order. Two days after *Look* is out, the whole population knows about Liefcort. They don't pick up the warnings that come out afterward. We sent out a warning because we knew that this was coming out about 2 days before it did. We sent out a warning, but people are not interested in warnings. People are interested in the cure. The Food and Drug Administration acted very fast in this case.

Senator NEUBERGER. What do you think that the Government or the Congress could do? Could we do something to strengthen the law?

Dr. LAMONT-HAVERS. I think the big thing is to try to get people to think before they act, to become more critical. This is a problem.

Senator NEUBERGER. You cannot legislate that.

Dr. LAMONT-HAVERS. No; I know. We are a free country, and you cannot legislate suppression. This problem, to me, is not the law. Certainly the regulatory agencies should be strengthened, both in personnel and in money, to become more effective, but there are certain areas, such as this, which after all reflect upon our ability as a free people. This is where you cannot get into legislation.

The CHAIRMAN. Thank you very much.

Senator Williams, did you have another comment or question?

Senator WILLIAMS. I had a comment. Mr. Walsh seemed to suggest that there were things that we should be doing, that we can do, that are not being done in Government. I am sure we would, from time to time, like to have your observations on where we can respond properly. Are there any specifics that you have in mind, Mr. Walsh?

Mr. WALSH. I think the actions of the Food and Drug Administration could be more widely circulated. As Dr. Lamont-Havers has pointed out, when you send out a warning or when I, as a local executive director, send to our great newspapers a warning this does not seem to get into the paper as much as a new "cure" or a new thing on the horizon.

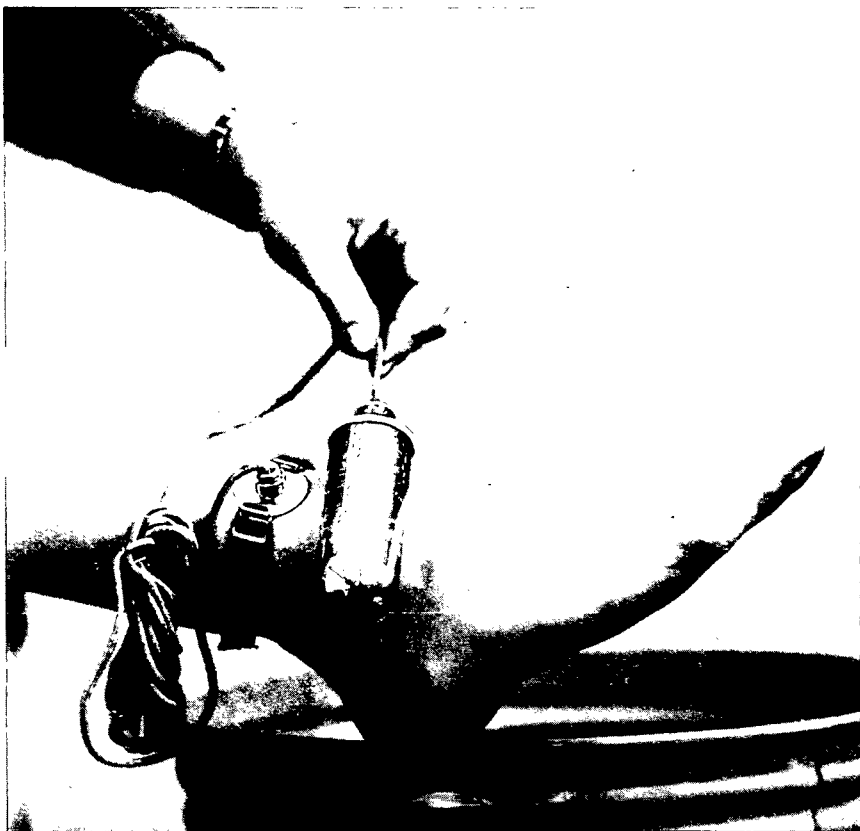
Then, too, we must take into consideration arthritis. You know arthritis is a disease that is episodic. You may have a short episode and for a couple of years have an acute stage and then it may be in remission for a while. Whatever you were taking at the time of your remission or when the symptoms were alleviated, you become a disciple for.

There is a book over there that was a best seller, "Arthritis and Common Sense." It should be "Arthritis and Nonsense," but our arthritics swear by that book. They have given sworn testimony that this will help. You could get any type of a product and get 20 arthritics who would swear that they were cured by this, because their condition went into remission while they were using it.

The crippling of arthritis is just the outward manifestation.

It isn't just that you have arthritis here, it is that you have it throughout the body. Arthritis can go into remission all by itself, whether it is alfalfa tea or a disinfectant of World War I that you are taking. That some of the boys in World War I were supposed to have drunk this disinfectant 1 night, and cured their arthritis and ulcers and everything else. So I stupidly drank it.

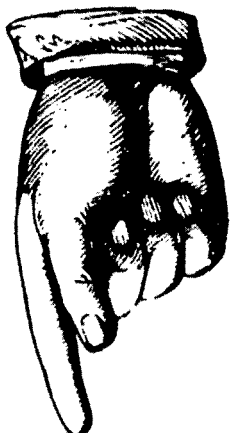
Our former great Mayor Kelly in Chicago took this to the National Democratic Convention and wore this. This is a "miracle spike" or vrilium tube that you pay \$300 for.



"New principle"—which "reverses death process into life process" is claimed for this \$30 "oxydonor." The sufferer simply attaches metal disc to ankle, puts the cylinder into a bucket of cold water and his arthritis goes away. The colder the water, the faster the arthritis disappears, according to the accompanying circular. Actually, reports the Arthritis and Rheumatism Foundation, this gadget is completely useless. The fraudulent device is one of thousands uncovered by a nationwide foundation survey which revealed quack cures and deceitfully advertised products swindle the country's 11 million arthritics of \$250 million a year. The foundation has launched a national campaign to expose these frauds and get them off the market.



\$300 plus tax!—that's what arthritis sufferers paid for this "vrilium" tube which promoters claimed would cure the crippling disease. Actually, reports the Arthritis and Rheumatism Foundation, the one two-thousandth of 1 percent of barium chloride in the brass container has no effect on the disease. The fraudulent device is now touring the Nation in a foundation exhibit of examples of quack cures and deceitfully advertised products which swindle the country's million arthritics of \$250 million annually.



WHO SAYS QUACKERY IS OLD-FASHIONED?


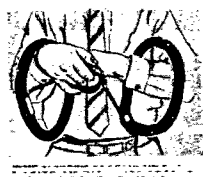



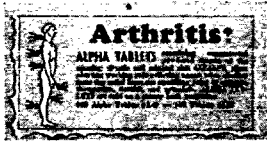
Do you know that arthritis victims today waste more than \$250,000,000 a year on worthless or misrepresented remedies? Think twice before you buy anything that claims to "cure" arthritis or makes extreme claims for relief. If you have a question, ask your doctor—

or call your local chapter of

THE ARTHRITIS AND RHEUMATISM FOUNDATION

QUACKERY in ARTHRITIS

STOP
ARTHRITIS

OUR
NATION'S
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FACTS

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Senator WILLIAMS. I just wondered if you could later, for the record, give us anything specific that we could think about in terms of additional Government programs. You don't have to do this now.

Mr. WALSH. Enforce what you have and publicize the enforcement. These agencies are understaffed and underfinanced, and it seems as though the charlatans have all of the public relations men working for them. Food and Drug Administration and the FTC and the Post Office do not get the press on these decisions that they really should. This is where I think we have teeth in the law, but the enforcement has not been given publicity.

Senator RANDOLPH. I am sure that the witnesses do not wish to condemn the press per se, because certainly we do know that the newspapers by and large, which years ago printed the advertisements for these fraudulent remedies, have done a notable job of policing. I

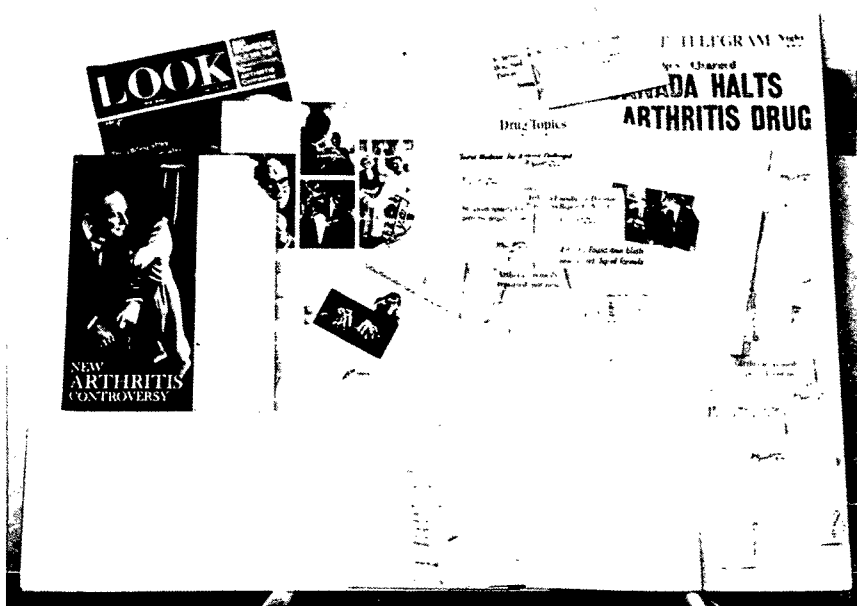
think it should be noted for the record that the newspapers of our country, both daily and weekly, have certainly attempted to keep from their advertising columns these remedies which are fraudulent. Is that not a fact?

Dr. LAMONT-HAVERS. I am glad you brought this up, because I think it is true, that we owe a great debt to the science writers of this country who, by and large, have really brought to the American public knowledge concerning the advances in science and medicine.

There is no doubt that the vast majority of magazines and newspapers do cooperate very well. We had a wonderful example of this in the New York Times as far as some of its advertising was concerned. These people are trying to do a good job. However, there are always one or two which therefore make a problem.

The CHAIRMAN. Thank you very much, gentlemen. We are going to take about a 5-minute recess, because the American Medical Association wants to set up some sort of a display. Without objection, there will be about a 5-minute recess while the AMA gets their paraphernalia in shape. Thank you again. Your testimony is very helpful.

(Following are the displays exhibited at the hearing:)



This display covers briefly the history of the so-called arthritis cure, Liefcort. Beginning on the left with the story published in Look magazine on this "secret remedy," the exhibit shows the foundation's original statement warning of the danger in using this concoction at the time of publication of the article, the foundation's chapters' additional warnings on the product, the Food and Drug Administration's ban of Liefcort from the United States, the foundation's later warning of supplies still in this country and the Canadian Government's efforts to stop the use of the drug in that country where it is produced. The drug has been blamed for the death of at least three people in the United States and Canada, as the foundation's medical director, Dr. Lamont-Havers, pointed out in his testimony before the Special Senate Committee on Aging.



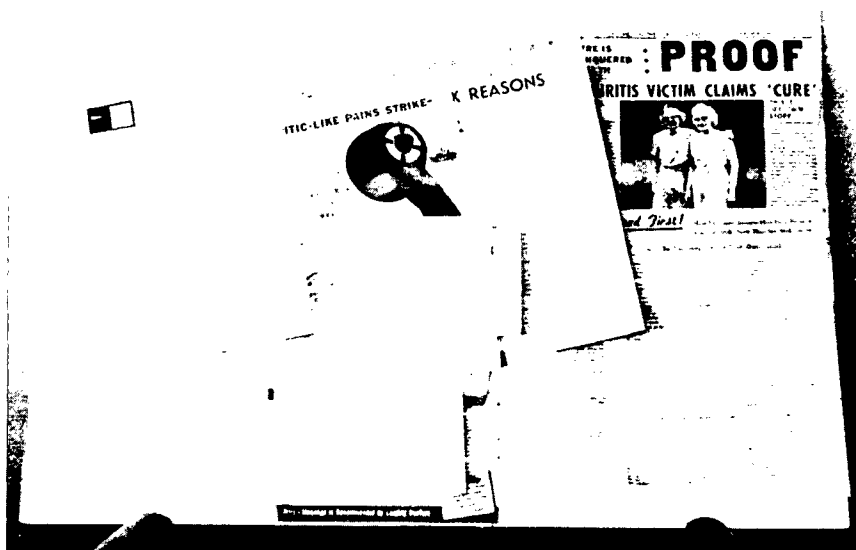
This exhibit shows another series of mail-order promotions sent to the same individual on the same mailing plate from different organizations. Among the organizations shown are Ball Clinic, Prevention magazine, glorified aspirin and vitamin products.



THIS IS ARTHRITIS...



This exhibit of photographs of patients being treated in various clinics, hospitals, and treatment centers supported by the Arthritis Foundation and its chapters throughout the Nation is designed to dramatize the serious nature of arthritis in the number of types of individuals it affects. Note the women, old and young, men and children. Arthritis is no respecter of sex or age. The various forms of treatment shown include heat, hydrotherapy, massage, casts, ultra sound, bed rest, and various forms of physical therapy designed to get patients back on their feet and regain motion of their joints.



Mail-order promotion of medical frauds is at the highest level in post office history. This exhibit displays samples of various arthritis "cures" and remedies received on one address plate (the number and various corrections appearing in the address on each envelope from different outfits show that they all come from the same mailing list). Illustrated are left to right, inframassage, special diet, the Coleman Chiropractic Clinic, and an ointment called Specifex. The latter on the extreme left from Mr. Duncan Laidlaw, executive director of the Arthritis Foundation's Michigan chapter, to whom all the envelopes were addressed has this to say about these promotion pieces, "While each one of these represent a different approach in their sales technique, basically they infer the same thing—we do more for your arthritis than your physician. This type of mail seems to be getting heavier." These mail-order lists present a serious problem because they are extremely widespread and easily exchanged or bought. Once a person is on such a list, they continue to receive come-ons for one product after another. While a sufferer may resist the temptation to spend several thousand dollars to travel to a clinic for several weeks of treatment, he may not be able to reject the appeal of lower priced items that can be used in the home. In short, eventually he probably spends money on some item, according to his ability to pay.



IMMUNE MILK

FOR

Rheumatoid Arthritis

Produced under the guidance
of Dr. Wm. E. Petersen,
University of Minnesota

Payton Jersey Farm

Stephenville, Texas

Day Ph. WO 5-4021 Night WO 5-4502

In spite of claims made for it, "immune" milk is just another misrepresented product offered to "cure" or "relieve" arthritis. The milk, according to its promoters, gets its immunity from antibodies produced in the udders of cows injected with streptococcus and staphylococcus vaccines. Scientifically controlled studies show this milk has absolutely no effect on the disease. Yet arthritis victims are paying up to \$1.70 a quart for it. This particular advertisement was withdrawn when the dairy was approached by medical authorities.

The rheumatic diseases—a glossary

The many forms of rheumatic conditions are grouped together because they all affect the joints of the body or the capsules, ligaments, tendons or muscles that support the joints, but they are not alike by any means. Not all are as catastrophic as you might suppose. The list below of seven main types gives a quick rundown on which is which.

<i>name</i>	<i>what it's like</i>	<i>who gets it</i>	<i>possible causes</i>
OSTEOARTHRITIS (<i>hypertrophic arthritis, degenerative joint disease, "wear-and-tear arthritis"</i>)	Bony spurs appear around joints, causing swelling and pain and eventually erosion of cartilage, but the condition develops very slowly and is only rarely disabling.	almost everyone who is past middle-age; most common of the rheumatic diseases	heredity; repeated minor injuries or a sudden severe injury; maybe an upset in body chemistry
RHEUMATOID ARTHRITIS (<i>chronic infectious arthritis, atrophic arthritis, proliferative arthritis, "the great crippler"</i>)	An inflammatory condition, it begins—sometimes abruptly, sometimes gradually—with joint pain and swelling and runs an erratic course that eventually destroys cartilage and causes crippling stiffness if not controlled.	anyone at any age	an unknown virus; inborn hypersensitivity or other factors that weaken the body's resistance; family predisposition
RHEUMATOID SPONDYLITIS (<i>rheumatoid arthritis of the spine, "Marie-Strumpell" disease</i>)	Usually begins with low back pain though sometimes with more bizarre symptoms. Causes gradually increasing stiffness of the spine.	most frequently young adult males, who notice first symptoms between 20 and 30	same as for rheumatoid arthritis in other parts of the body
FIBROSITIS (<i>lumbago</i>)	An inflammation of connective fibrous tissue in muscles, tendons and joint capsules. May be acute or chronic. Neck and chest muscles most often affected	anyone at almost any age	underlying cause unknown, but trigger mechanisms seem to be a variety of infections (such as flu), emotional stress, fatigue, damp weather
BURSITIS (<i>calcific tendinitis</i>)	Inflammation around calcium deposits between tendon and bursa sac causes severe pain (most often in the shoulder). Usually subsides after a week or so, but may become chronic.	adults of both sexes	unknown, though new injury to tendons sometimes starts an attack
RHEUMATIC FEVER (<i>acute migratory polyarthritis</i>)	Many joints may be inflamed in the acute phase of this disease, but they usually heal completely. Chief danger is injury to the heart.	children below teen-age	unknown
GOUT (<i>gouty arthritis</i>)	Sudden, severe attacks of pain and swelling of the joint in the big toe (or less often other joints), relief in a week or so and then another attack months later set the pattern for this old-timer among rheumatic diseases. After years of neglect, pain may become continual	men over 40 most frequently	a defect of metabolism that causes an excess of uric acid in the blood, which collects around cartilages; heredity, overweight

This exhibit was offered by Dr. Cecil to indicate the various forms of arthritis (more than 60). The most dangerous in terms of crippling and number of victims is rheumatoid arthritis and one of the most common is osteoarthritis which affects most persons over 50 to some degree. The total number of victims of arthritis over 45 is 8,920,000. Though most of these sufferers were attacked earlier in life, the chronic nature of arthritis combined with the normal physical problems of aging makes arthritis a particularly serious medical problem for the aging. As the chart shows, some forms of arthritis attack women more frequently than men; others, men more frequently than women; and several attack children chiefly.

(A short recess was taken.)

The CHAIRMAN. Please be seated, now. We will go on with the hearing. I understand the AMA is about ready to proceed.

The AMA is represented today by Dr. Gerald Dorman, a member of the board of trustees. He has a couple of doctors and a couple of other gentlemen with him, and we hope Dr. Dorman will introduce his assistants.

Now we have been asked by the television and radio people here to try to have people who are making long remarks come up to the center chair, Doctor, because they want to get it for the recording for the television and radio. If you can cooperate in that manner without too much inconvenience, we will try to cooperate with them.

Dr. DORMAN. Yes, sir.

The CHAIRMAN. Thank you very much.

Now you may proceed in your own manner.

STATEMENT OF DR. GERALD D. DORMAN, MEMBER OF THE BOARD OF TRUSTEES, AMERICAN MEDICAL ASSOCIATION; ACCOMPANIED BY DR. ROBERT E. SHANK, CHAIRMAN, COUNCIL ON FOOD AND NUTRITION; DR. PHILIP L. WHITE, SECRETARY, COUNCIL ON FOOD AND NUTRITION; OLIVER FIELD, DIRECTOR, DEPARTMENT OF INVESTIGATION; AND PAUL R. M. DONELAN, LEGISLATIVE DEPARTMENT, AMERICAN MEDICAL ASSOCIATION

Dr. DORMAN. Mr. Chairman and members of the committee, I am Dr. Gerald D. Dorman of New York City. I appear here today as a member of the board of trustees of the American Medical Association. I am second vice president and medical consultant of the New York Life Insurance Co.

I served as a delegate to the American Medical Association, representing the Medical Society of the State of New York, for 6 years, until 1960, and have served, also, on various committees of the American Medical Association, including the committee on workmen's compensation, the physicians advisory committee on television and radio, the medical military affairs committee, and the insurance and prepayment plans committee.

With me, representing the American Medical Association, are Dr. Robert E. Shank, of Washington University in St. Louis, chairman of the AMA Council on Foods and Nutrition; Dr. Philip L. White, secretary of that council; Mr. Oliver Field, director of the AMA Department of Investigation; and Mr. Paul R. M. Donelan of the Legislative Department of AMA.

For your better understanding of the American Medical Association and its work, we have attached to this statement copies of a booklet entitled "American Medical Association—Background Information," as our exhibit 1.

The CHAIRMAN. We will ask the recorder to see that that procedure is followed, without objection.

Dr. DORMAN. The American Medical Association, since its founding in 1846-47, has concerned itself directly with the many problems affecting the general health and welfare of the public, including medical quackery. In adopting a code of medical ethics, the founders of

the association observed :

Physicians, as conservators of the public health, are bound to bear emphatic testimony against quackery in all its forms; whether it appears with its usual effrontery, or masks itself under the garb of philanthropy and sometimes of religion itself.

By an anomaly in legislation and penal enactments, the laws so stringent for the repression and punishment of fraud in general, and against attempts to sell poisonous substances for food, are silent and, of course, inoperative in the cases of both fraud and poisoning so extensively carried on by the host of quacks who infest the land.

Great strides have been made since this statement was made in the development of scientific medicine. Organized medicine has engaged in a continuing program first, which seeks necessary improvement of medical education to make certain that young persons who graduate from the medical schools are, by training, aptitude, and moral fiber, adequately prepared for their career in the treatment of the sick and the injured, and, second, which continues the education of the physician after his medical school graduation.

The association also continues its concern and its educational campaign to warn the public against the pretenders to medical skill. In this connection see the 1940 decision of the U.S. court of appeals at New Orleans in the case of *Brinkley v. Fishbein* (110 F. 2d 62).

To educate the public and to keep the medical profession informed about medical quackery, cultism, fadism, and other aspects of pseudo-medicine, the AMA primarily, through its department of investigation, collects and disseminates information on these subjects, not only to the medical profession, but also to the public, to government agencies, writers, publishers, students, and teachers, and any others who have a legitimate reason for inquiry.

It should be noted that the American Medical Association is a private organization and as such does not have the authority or power to put a stop to fraudulent or vicious medical practices.

I mention this matter in order to acquaint the committee with some of the activities and function of the American Medical Association.

Medical quackery is something that does not limit itself to any given age. We think of arthritis and rheumatism, for instance, as affecting the older members of the community, but the fact is that certain forms of rheumatism attack children; for example, rheumatic fever. The same is true of cancer, which, in the minds of many people, attacks principally the elderly. But here again, forms of cancer, particularly leukemia, frequently attack the youth of our Nation.

Returning to the aging, however, we know that alleged constipation and the remedies therefor are a matter of concern for a great segment of the older population, who are invited, by what actually are false and misleading notions fostered by advertising, to expect dire consequences unless they are "regular." For instance, we recall to your mind the earlier advertising of the product Serutan, which was aimed at all persons over the age 35, inviting them to dose themselves daily with a so-called vegetable laxative, a mixture of psyllium seed and rice polishings. This is our exhibit 2.

At one time this product was advertised as a cure for the laxative habit, but in 1944 the Federal Trade Commission ordered the firm to cease that representation and certain other claims which were regarded as false and misleading. A cease-and-desist order was issued in 1944.

Serutan and other laxative products are still offered to people, particularly the elderly, as an answer to their problems. We refer you, however, to two articles in Today's Health, one, published in October 1960, entitled "Laxatives: A \$148 Million Fraud?" and the other, in the November 1962 issue, entitled "America's Laxative Addicts." Copies of these items are attached, and marked "Exhibits Nos. 3 and 4."

The CHAIRMAN. Without objection, the record will so mark those exhibits.

Dr. DORMAN. Thank you, sir.

It is also of interest that when Geritol first came on the market—it was promoted by the same firm—the advertising was beamed at tired and rundown folks over the age of 35. Note the advertisement for this product, containing vitamins and minerals and 12-percent alcohol. This is up on the board here, and is marked "Exhibit No. 5."

In December 1962, the Federal Trade Commission filed a complaint charging deceptive advertising practices by the current proprietor, which matter is now pending.

The current (January 1963) issue of Today's Health commented rather emphatically on the dangers involved in advertised invitations to self-treatment by persons suffering from anemia. Copies of this publication have been submitted to members of the committee who might wish to consider this report entitled "A Therapy of Chaos," written by Mr. Jack Kaplan.

(The article referred to follows:)

[From Today's Health, January 1963]

DOES THE TV OR RADIO ANNOUNCER WORRY ABOUT "YOUR RUNDOWN FEELING?" IS HE CONCERNED WITH "YOUR TIRED BLOOD?" ONE THING IS SURE: USE HIS ANTIANEMIC PILL, POWDER, OR POTION—USUALLY LACED WITH ALCOHOL—AND YOU'RE BORROWING

A THERAPY OF CHAOS

(By Jack Kaplan)

Ordinarily enjoying good health, Sue—a 26-year-old secretary—began to experience periodic spells of weakness and fatigue. At the same time, many of her friends remarked: "You're looking quite pale these days. You're probably anemic."

It was enough to set Sue thinking about herself. Then she heard a video pitchman huckstering a blood-building tonic—a "shotgun," or multiple, compound of vitamins and minerals—as a hocus-pocus cure for "tired blood" rundown conditions. The razzle-dazzle suggestiveness of the TV promoter on the effectiveness of the drug as an antianemic preparation proved the clincher for Sue. She convinced herself that she was suffering from iron-deficiency anemia.

Fortified by her self-diagnosis, Sue regularly purchased the nonprescription drug—promoted with such hoopla on her TV—over the counter of her neighborhood drugstore. How could she go wrong—she asked herself—with a product so widely ballyhooed as a wonder medication for reenergizing the blood?

For 8 months she kept up her self-treatment with the tonic. Although she felt pretty good momentarily at times—the considerable alcoholic content (12 percent) of the shotgun mixture accounted for that—she found herself suffering from progressive weakness, loss of weight, and swollen ankles. Finally, alarmed at her condition, she consulted a physician.

His findings? After thorough examination and diagnosis, the doctor discovered that Sue had been suffering from chronic nephritis, a kidney disease, all along. Sue had not been afflicted with iron-deficiency anemia at all. True, she had an anemic condition, but that anemia was strictly attributable to the inadequate functioning of her diseased kidneys.

In using the tonic, of course, Sue had used a medication which had no therapeutic value for her type of anemia. What was worse, she gambled with her life by delaying much needed medical treatment for her serious illness. As it was, she survived. Others who have deluded themselves in using shotgun iron compounds of the kind she used have not been that lucky.

Let's understand, right away, that Sue's is no isolated case—but that hundreds of thousands of naive Sues are being bamboozled today by the heavily promoted antianemic iron preparations. Nor is it difficult to see why. After all, the smooth spiel of the radio or TV announcer seems ever so sensible: If you are fatigued, lack pep, are listless—he says—then you've got tired blood. And—it turns out as you listen—"tired blood" is simply a rephrasing of what doctors call "iron deficiency anemia."

Doesn't it follow logically, then, that if you take his iron-containing shotgun product, you will—presto—not only correct your iron deficiency, but will give yourself a new lease on health and life by reenergizing your blood? You will, in short, by buying his antianemic remedy find a pepper-upper product roughly tantamount to an elixir from the Ponce De Leon fountain of youth.

Clearly, this streamlined performance, promotionwise, has paid off handsomely for the "tired blood" clan—the sales of these shotgun iron mixtures are widespread, numbering in the millions. Turn to the pharmaceutical directories, for example, and you'll find that some 250 of these oral iron compounds—in the form of tonics or pills—are listed as nonprescription, over-the-counter medications supposedly effective for the treatment or cure of all sorts of anemic conditions. Again, a considerable variety of iron mixtures are being hawked through TV, radio, mail order, and—occasionally in the form of food supplements—in door-to-door outlets.

Who are these promoters? Well, they range from respectable pharmaceutical houses, mail-order suppliers, retail and department store owners to outright fraudsters. And every month sees more fast-buck boys, rushing in with new shotgun iron compounds, trying to horn in on the gold rush.

Certainly, the borderline operators and fringe promoters who market today's antianemic nostrums are really akin to the old-time patent medicine men. Look at the elaborately sponsored radio or TV program of the huckster of shotgun antianemic mixtures today, and you cannot fail to see that it is only a streamlined version of the 19th century medicine show with its flamboyantly presented bunkum about some cure-all tonic. Consider, again, that the patent medicine man of yesteryear promoted a number of popular tonics which had a high percentage of alcohol—a range of from 18 percent to nearly 50 percent being quite common.

Sure the tonics contained other ingredients—mixtures of iron, appetite stimulants, and useless herbs. But the consumer deluded himself if he believed the blood-building bunkum of the patent medicine hawker—that is, that his tonic was a wonderful blood restorative. For the consumer's good feeling derived undoubtedly from the same kind of kick he'd get from imbibing several martinis or highballs. No wonder these tonics enjoyed such a wide sale in the dry States in the preprohibition days.

With his greedy eyes focused on the fact that today some 10 million Americans are spending some \$400 million a year on vitamins and minerals, the fringe promoter of shotgun preparations carries on his practice of putting vitamin-mineral compounds into his alcoholic tonics in defiance of the overwhelming testimony of medical and nutritional experts that it is wasteful, to say the least, and without scientific justification.

Moreover, many of these unscrupulous promoters of the antianemic tonics also put out antianemic compounds in pill form. Of course, these over-the-counter pills have no alcohol. But these multiple vitamin-mineral mixtures more than make up for that omission with a large pill which commonly packs into it all of the vitamins, iron, other minerals, liver fractions, powdered hog stomach, and whatnot.

The antianemic compounds are offered with such mystical advertising voodoo, with such pseudoscientific explanations—that their use literally may be dubbed a therapy of chaos.

A therapy of chaos?

Dr. William G. Mullin, director of the Cancer, Tropical Diseases, and Hematology Clinics of the Long Island College Hospital in Brooklyn, N.Y., explains:

"The person who turns to shotgun antianemic preparations is very much like the carowner who buys a carburetor and four new tires to repair the engine that is not functioning. He is resorting to a sort of nickel-in-the-slot therapeu-

ties—that is, indiscriminate medication for a specific disorder in the human body.”

And then with this springboard statement, Dr. Mullin and another hematologist, Dr. Herbert C. Lichtman, associate professor of medicine at the College of Medicine of the State University of New York, spelled out the medical bunkum of the shotgun antianemic promoters in more detail:

The treat-yourself consumer is often so brainwashed by the blood-building quacksters' main pitch (“Get rid of that rundown feeling”) that he fails to realize that a fellow can be tired from such things, for example, as an argument with his wife, or working too hard—that is, from a multiplicity of causes besides iron deficiency anemia. So he is seduced into buying the shotgun antianemic compound without realizing that he may not have any iron deficiency anemia at all.

Even if he has anemia, he's wasting his money on these shotgun antianemic preparations. He'll pay 10 to 20 times more for the tonics or pills than he would pay, for example, for the iron salt that a physician would prescribe for his iron deficiency anemia.

Unfortunately for the gullibles like Sue, anemia is a complicated medical problem showing up in a tremendous variety of forms besides iron deficiency anemia. So people like Sue cannot conceivably diagnose their type of anemia even by the most careful scrutiny in the mirror.

Although the shotgun antianemic mixtures do have two or three ingredients—including iron—which may possibly have some therapeutic value in cases of people with iron deficiency anemia, their promoters most often include too small a dosage of them to make them effective therapeutically.

The chief danger of the shotgun compounds is that they pose a threat to the health, if not the very lives, of their users. For one thing, their use may cause people like Sue to delay seeking treatment for their ailment. For another thing, since anemia is not a disease but a symptom of some other disease in the human body, the use of the shotgun compounds may mask the real disease of the patient.

How so? By raising the blood count of the patient so that the doctor can obtain only a confused diagnostic picture. For example, in the case of Sue, the clinical picture was so distorted that it took some time before doctors knew what her real trouble was. In the case of cancer victims—for whom early treatment may mean life itself—the use of the shotgun preparation can so confuse the clinical picture that treatment can be delayed until it is too late.

Apparently, the shotgun antianemic medication hucksters know what they're doing by aiming their products mostly at iron deficiency anemia victims. For these anemics are the most prevalent group in the United States. (The same holds true for that matter—as a recent study of the United Nations shows—in India, Africa, and Central and South Americas.)

No one knows precisely how many people in this country suffer from iron deficiency. But an American Red Cross study in 1952 stated flatly that between 6 and 10 million American women in the age group 18–59 are so afflicted. Another source estimates that some 15 percent of us Americans have iron deficiency. (This contrasts with a proportion of almost 50 percent of the population in some of the countries surveyed by the United Nations.)

We have, then, no accurate figures, but it's a safe bet that iron deficiency victims number in the millions here, a fact which makes it a major health problem.

Iron deficiency anemia occurs, usually, when the amount of iron in an individual's diet is inadequate for building a sufficient number of strong red cells. Again, some people become anemic because their bodies cannot absorb or assimilate the iron they take in. Children, young girls, women, and elderly folk are the groups mostly afflicted with iron deficiency anemia—for different reasons, of course.

Teenage girls, for example, go in for food fads that avoid iron-nutritious foods. So Miss Teenager's iron intake is limited. Again, women—to cite another example—are particularly prone to iron deficiency because of their special female functions: Not only do their menstrual periods result in the loss of blood cells and iron, but pregnancy causes the most severe iron loss. (No wonder women usually require twice to three times the amount of iron in their daily diet as compared with normally healthy males. The average male, incidentally, hoards his iron so stingily that he rarely develops an iron deficiency anemia due to dietary reasons alone.) In the case of elderly people, the cause of iron deficiency is usually traceable to their lack of appetite.

The therapeutic approach of the physician to iron deficiency anemia? With the use of simple measures, he can diagnose the presence of iron deficiency and either prescribe a suitable diet or administer a simple iron preparation—usually iron salts such as ferrous sulfate and ferrous gluconate—to achieve a dramatic effect in raising the hemoglobin level back to normal. And he will exercise the utmost scientific care in finding out whether his patient's anemia stems from inadequate dietary intake, a disturbance in gastric secretions, or poor intestinal absorption. And he will, in all instances, administer his iron pills in optimum dosage so as to make sure that his patient will overcome any factor of poor absorption.

What does this signify about shotgun antianemic therapy? With complete unanimity, the experts—Drs. Mullin and Lichtman—formulated it this way:

"The iron in the shotgun preparations is usually of minimal, inadequate dosage—too little to overcome the often-encountered factor of poor absorption of iron—and is therefore of no value, therapeutically, in correcting any iron deficiency. And certainly there is no scientific evidence that the inclusion of the other vitamins and minerals in the shotgun mixtures enhances the absorption of iron. Some experimental studies show that ascorbic acid may enhance the absorption of iron somewhat, but its effect is too slight to justify its inclusion in iron shotgun mixtures."

In turning to pernicious anemia, we find that medicine applies the same patient-oriented, individualized therapeutic yardstick to victims of this type of anemia as it does in its treatment of iron deficiency anemics.

Usually, pernicious anemia is seen in people of middle age—rarely affecting people under 30. Not only does the condition usually occur in blue-eyed, fair-haired people, but it also runs in families, affecting two or more children and several generations of the same family. Until some 35 years ago, medicine had no cure for pernicious anemia so that, in almost all cases, it resulted in fatal illness no patient surviving longer than 3 years and some 25,000 dying annually from it. Today, of course, pernicious anemia is not as widespread as iron deficiency, but tens of thousands of Americans suffer from it.

In pernicious anemia, an inability on the part of the blood-forming organs to manufacture and deliver normal, mature red blood cells to the blood stream occurs. Normally a substance contained in the digestive juice of the stomach and stored in the liver stimulates the bone marrow to produce more red cells whenever they are required. When too little or none of this substance is present, far too few red cells are produced, so pernicious anemia appears.

Put more concretely, pernicious anemia patients have trouble absorbing vitamin B-12 from their food. Evidently, the stomach secretions have some defect. The substance that helps in the absorption of vitamin B-12 is either missing or exists in too small an amount. Without this substance, the important material in the food ingested is not absorbed by the body and is wasted.

In addition to the symptoms of all anemic patients, the pernicious anemia victim suffers from problems of the nervous system such as feelings of numbness, prickling, tingling, and a cold sensation because of an inadequate supply of oxygen to the nerve cells. In a small proportion of cases, where treatment is belated or inadequate, a deterioration of the spinal cord can take place.

How does the physician treat the pernicious anemia victim? Only by giving him synthetized liver extracts or supplements of vitamin B-12—and no other medications, including the iron, found in the shotgun nostrums. To be sure, this therapy does not "cure" pernicious anemia, but the patient will be restored to health—and very much alive—as long as he continues treatment. Of course, his treatment must be for life.

Since other diseases (sprue and some serious stomach disorders) have some symptoms similar to pernicious anemia, the patient's taking of a shotgun compound can confuse the doctor in achieving a clear clinical picture. Even worse, the folic acid—a vitamin of the B complex family—in the mixture can harm him by masking the disease.

How? Well, Dr. Richard C. Vilter of the University of Cincinnati has demonstrated conclusively with 36 patients that the folic acid of a shotgun mixture can do a good job of raising the blood count of pernicious anemia victims while permitting the damage to the nervous system to become progressively worse.

That's why the Food and Drug Administration (FDA) has recently adopted the advice of medical experts and put a "by prescription only" tag on shotgun mixtures containing folic acid at high levels (more than 0.4 milligram in a daily dose).

Search on and on in other forms of anemia and you'll discover that therapy is just as highly specific and patient-directed as in the case of iron-deficiency and pernicious anemia. For instance, in two anemias of intestinal absorption (sprue and idiopathic steatorrhea), folic acid is the main treatment, although it is frowned upon as therapy in pernicious anemia.

Or take the sickle-cell or Mediterranean anemias—both of which are hereditary—as examples of the blood dissolving (hemolytic) anemias. Sickle-cell anemia affects some 10 percent of the Negro population, just as Mediterranean anemia victimizes Americans of Mediterranean ancestry—Italians, Greeks, Syrians, and Portuguese. In both these familial forms of anemia, the body is congenitally incapable of manufacturing normal red blood cells.

What does the doctor do when confronted with these disorders? Use iron or B-12 therapy? No. He knows that their use is futile. So he treats the patient with these anemias by either constant blood transfusions or the removal of the spleen.

Nowhere else is the harm of shotgun antianemic therapy better demonstrated than in the anemias where primary diseases—infections, kidney disease, hypothyroidism, or leukemia or other cancers—are the chief cause.

"Masking," Dr. Mullin emphasizes, "is a relatively common experience in the anemias where primary disease gives rise to poisons which harm the bone marrow. So people like Sue who treat themselves with shotgun preparations never suspect the cause. Unfortunately, it frequently turns out their anemia is a symptom of a malignancy in the body which influenced the fountain of blood adversely."

One case in point is that of Alice—a 61-year-old housewife who used an iron mixture over several months for self-diagnosed anemia. When she finally got to a doctor, he discovered she had been suffering from hypothyroidism—a condition due to a deficiency of thyroid secretion. The shotgun iron mixture Alice used had effectively masked the ailment.

Look next at the example of Harold, a 50-year-old salesman, as an illustration of how masking is particularly harmful in instances where cancer is the primary disease:

Harold began to feel somewhat rundown so for 8 months he turned to an anti-anemic shotgun nostrum with the assumption that he had anemia. It had a pleasing effect on him so he felt better at times, but chronic severe pains and an increased feeling of weakness drove him finally to a doctor. After careful examination, the doctor diagnosed his ailment as cancer of a part of the small intestine.

An exploratory operation confirmed the diagnosis, but the cancer could not be removed. Had Harold sought treatment 8 months earlier, the chances were good that he could have been operated upon successfully. He died in the hospital. The record shows that there have been many Harolds.

Look at the kaleidoscope of the policing of the antianemic nostrums by the two agencies most concerned—the Federal Trade Commission (FTC) and the FDA. Effective? Only partially. Somehow the tactics of the shotgun crew seem to win over the governmental effort to control them.

The FTC has taken action often in the last 20 years or so. Back in 1943, for instance, the agency moved against two shotgun iron compounds, for claiming that "lassitude is due to iron deficiency and that from the presence of this condition the existence of an iron deficiency may be determined by the general public." Through the years, it has moved against other iron mixtures.

The agency has been on its toes in the past, insisting that many of the iron compound hawkers change their extravagant claims. Typically, it insisted that one advertiser alter his claims that his iron tonic was of value in "fatigue, run-down condition, lack of energy," or a number of other conditions.

Again, in a number of instances, the agency prevailed in forcing a number of iron tonic hawkers to refrain from representing their products as being effective in different forms of anemia, particularly pernicious anemia. And the agency is still on the alert, judging from its recent action against one or the most blatant of the shotgun preparations for its exaggerated claims of providing a sense of well-being overnight.

Surely, it would seem that the vigor of the FTC would put a real crimp in the blood-building bunkum act of the shotgun therapy promoters. Not so. The shotgun fraudsters are all too aware that action by the FTC carries no severe penalty. All they have to do is to change the wording of their advertising. And if they come afoul of the FTC again—so what? You just can't get into

much trouble, they figure. So the fringe promoters go on their merry unethical way from one hard-sell pitch to another.

If the FTC can, in effect, administer only mild punishment to the shotgun bunch, the FDA can do much more. It can arrange a seizure of a product, requesting a Federal court order to destroy the goods. Besides this penalty, it can even go further and bring criminal charges against medical fraudsters. With respect to shotgun mixture promoters, the FDA has invoked condemnation procedure often but criminal charges only infrequently.

Whatever the agencies have done against the shotgun iron mixtures up to date has been but a scratch on a pretty healthy giant of medical quackery. So the question remains: What can be done?

Well, for one thing, for the past few years, authorities have asked for a transfer of enforcement of the laws governing truth in medical advertising from the FTC to the FDA. That will surely result in more regulation of the bloodbuilding racketeers.

For another thing, the FDA can follow up its recent action in restricting high-potency folic acid inclusion in shotgun mixtures with similar action on high potency iron preparations. Wallace F. Janssen, Director of the Division of Public Information of the FDA, has said lately that the agency's Bureau of Medicine is now in the "process of reevaluating the situation with respect to over-the-counter iron preparations." Why? Because laymen like Sue are "in no position to diagnose the presence of anemia, much less to determine whether it is an iron-deficiency anemia, pernicious anemia, or folic acid deficiency. All of this suggests that high-potency iron preparations possibly should be available for use only under a doctor's prescription if they are to be effectively used for treating iron-deficiency anemia." Apparently, though, it will be some time before the agency can agree on so basic a change of policy.

Meanwhile, you and I—the potential victims of the blood pepper-upper charlatans—must be on our guard against them. Here are some commonsense rules:

In general, don't use any treat-yourself shotgun iron compounds.

Avoid so-called tonics like the plague, for they can do nothing for you.

Learn to recognize the "tired blood" pitch in its various guises for just what it is—outright quackery.

If you think you have any vitamin or mineral deficiency outside of anemia, see your doctor before you start using any vitamin-mineral shotgun compounds.

Don't diagnose yourself as having any form of anemia. To do so is to invite the kind of disaster that Sue, Alice, and Harold met with.

See your doctor and see him fast if you think you have the symptoms of anemia.

Remember this, finally, about shotgun iron mixtures. It is well known that, back in the past, iron was used for treatment of "tired blood." For example, the ancient Hindu prepared a tonic by roasting sheets of iron, pulverizing them into a powder which he mixed with a number of ingredients like cow's urine, oil, whey, vinegar, and milk. Again, in ancient Greece, the weak and the pale were given drinking water in which old swords had been permitted to rust.

Obviously, these treatments were based upon mysticism and superstition. When you resort to the modern iron shotgun concoction with its indiscriminate medication, you're reverting to the same kind of unscientific treatment.

Dr. DORMAN. One form of victimization of the aging male population is the advertising of "medical services" to men "over 40." Operating sometimes under the titles of "Health Clinic" or "Health Institute," some firms have advertised cures for prostatic disease, while others advertise positive cures for arthritis and rheumatism. Men who answer the ads for prostate disease receive a series of letters usually ending with "scare" literature promising dire results for the individual unless he patronizes the institution.

Little of the treatment advertised is of any established merit, yet through the use of the tried and tested techniques of the medicine pitchman, the buyer is parted from his funds. The income of one so-called hospital was stated, in the newspapers reporting the civil trial, to be over \$5 million, while advertising expense during the same period was more than \$1 million. This so-called hospital, incidentally,

advertised treatment of diabetes among its other claims. The late proprietor, it was revealed in a court-ordered physical examination, was himself a diabetic, but relied not on his advertised cure but on the medical treatment, insulin.

Examples of the advertising of "clinics" and "institutes" are appended as exhibits 6 to 14, and we have exhibits 2 and 3 up here on the posters, showing some of these examples.

Another form of medical quackery without scientific or medical basis is the so-called rejuvenation therapy credited to a Swiss physician, Dr. Niehans, and this is up here on the fourth exhibit.

Unfortunately, newspapers and periodicals have widely publicized his extravagant claims and many prominent people have consulted him as a result (exhibits 15 and 16). The February 13, 1960, issue of the Journal of the American Medical Association carried a critical report of Dr. Niehans' widely touted, but unproven "cures" (exhibit 17).

Novocain injections; a weed called Pega Palo (to be immersed in a fifth of rum or other spiritous liquor); sea water or sea salt (exhibit 18), and also up here in the fifth panel, are just a few of the wonder drugs which have been touted as rejuvenators, cure-alls, or geriatric panaceas. Government agencies have been successful in keeping these promotions short lived.

Another lucrative rejuvenator was Royal Jelly. This product was sold not only in pill form, but also in cosmetics, to enable women to achieve skin having a youthful appearance. Worse, however, were the chemical "face peels," offered by promoters in Connecticut, Florida, Texas, California, and Nevada. State officials in Connecticut and California put a stop to these dangerous activities.

Another recent highly publicized but dangerous activity was the clever promotion of an arthritis remedy called Liefcort, from Canada, of which you have already heard. This was the subject of a story in Look magazine for May 22, 1962 (exhibit 19). The doctor in Canada claimed to have a secret remedy, which turned out to be well-known hormonal preparations in a mixture which caused injury and even death. Prompt action by the Food and Drug Administration and the Canadian officials have finally put a stop to the promotion of this product (exhibit 20). Of interest, further, is the fact that the doctor is wanted by U.S. marshals for shipping an alleged baldness cure in interstate commerce.

Occasionally, the public is invited to try what is claimed to be very special, powerful treatment at the hands of certain doctors. Demand for such treatment, usually for arthritis and rheumatism, is generated by news releases and certain newspaper columnists' activities, inspired by the seller of the device.

Pulsed diathermy is described in sales promotion leaflets as an electrical energy which is turned on and off at an exceedingly high rate of speed, with a resultant loss of the irritating qualities of the heat produced by the energy. While there is no satisfactory medical evidence that such devices, which provide only a small amount of heat at their highest setting, have any advantage whatever over the ordinary and well-known diathermy apparatus, some hopeful people continue to rely on this form of therapy, wasting valuable time and money. They should be protected from exploiters of machines of

this kind which have not been established as worthwhile in the treatment of any human disease, and particularly arthritis.

We have not mentioned quackery in the field of cancer, but this, too, is a problem of the aging, and has been a matter of concern to the American Medical Association for a good many years. The association has urged Government agencies to put a stop to the victimizing of cancer patients, their families, and their friends by those who pretend to have adequate treatments for cancer. In this regard, the Food and Drug Administration has been successful, after much effort and a long campaign against the Hoxsey treatment in Texas and Pennsylvania, and the Federal Trade Commission was successful in 1953 in requiring Dr. William F. Koch of Detroit to cease advertising that any of his products were of any value in any disease condition, principally cancer.

A cancer product still being promoted at this time is "Krebiozen," a product of extreme dilution, being one part of whatever the active ingredient is supposed to be to 100,000 parts of light mineral oil. This "cure" sells for \$9.50 for a 1-cc. ampule, which is about one-fifth of a teaspoonful. Competent microchemists have testified to their inability to find anything in an ampule of this product but the mineral oil.

In October 1961, to point up the overall problem of medical quackery, the Food and Drug Administration and the American Medical Association collaborated to hold a Congress on Medical Quackery in Washington. One of the purposes of the meeting was to bring to the attention of the public the great waste, both in money and, in some instances, in life itself, caused to persons needing prompt and competent medical care.

Since that meeting, there has been an acceleration of the programs of Government and private agencies. However, one area in which the Federal agencies apparently have not been given jurisdiction is in the interstate distribution of advertisements wherein medical services alone are offered. This is an area which might be of interest to this committee.

The American Medical Association knows the difficulty which is faced when one seeks to put a stop to medical chicanery. No one can legislate requirements that magazines or newspapers or other forms of communications media be obliged to submit their manuscripts or stories for expert appraisal before publishing. All of us would abhor a system of censorship, or the requirement of critical appraisal before publication. This is contrary to our concepts of freedom of speech and of the press.

In the circumstances, it is quite obvious that there is no simple solution to the problems of quackery in medicine. There is no way whereby clever supersalesmen, either bearing the designation of doctor of medicine legitimately, or pretending to have the training and the skill ordinarily attributed to the profession, can be prevented from bringing forth some worthless scheme to mulct the hopeful, the anxious, and the credulous. This is perhaps the reason why medicine, recognizing the placebo effect, the myriad of modifications in the essential nature of individuals, and man's normal desire for a shortcut back to health, sees no easy remedy in the offing via the channels of legislation. These matters are not problems which can be solved by

legislative fiat, or even by education alone. These are matters which require a combination of both.

We pay tribute to the Government agencies which are alert, dedicated, competent, and devoted to the duties imposed upon them by their legislated responsibility. The Food and Drug Administration, the Federal Trade Commission, the Post Office Department, and other agencies of the Government whose problems and activities touch upon medicine or persons involved in medicine, have operated in a manner for which the American public can be proud and grateful.

Thank you for your attention.

I should like, at this time, to introduce my colleague, Dr. Robert E. Shank, chairman of the Council on Foods and Nutrition of the American Medical Association, who will discuss, with you, some of the aspects of nutrition quackery.

After Dr. Shank's presentation, we will be pleased to attempt to answer any questions which the committee might have.

The CHAIRMAN. Thank you very much, Doctor.

We will be glad to hear from Dr. Shank at this time.

STATEMENT OF DR. ROBERT E. SHANK, CHAIRMAN, COUNCIL ON FOODS AND NUTRITION, AMA

Dr. SHANK. Mr. Chairman, distinguished members of the committee, I am Dr. Robert E. Shank, chairman of the Council on Foods and Nutrition of the American Medical Association. My medical degree was obtained at Washington University School of Medicine, St. Louis, in 1939. I am professor and head of the Department of Preventive Medicine of the School of Medicine of Washington University. I have been a member of the AMA Council on Foods and Nutrition since 1960.

The Council on Foods and Nutrition is a standing committee of the Board of Trustees of the American Medical Association. The council originated in 1929 as a subcommittee of the then Council on Pharmacy and Chemistry. The subcommittee became the Committee on Foods in 1931, the Council on Foods in 1936, and the Council on Foods and Nutrition in 1943. The council was created primarily for the purpose of preventing or discouraging false and misleading advertising claims in the promotion and merchandising of food products.

The major objectives of the council programs are: (1) medical education, to inform the medical student and the physician of current concepts and practices in clinical nutrition; and (2) public education, to encourage the practice of good nutrition.

Nutrition quackery, fraud, and faddism without question exist in this country. Americans each year are spending hundreds of millions of dollars on pills, powders, capsules, and compounds in search of a shortcut to health. In many instances the result is only economic waste; in others, it can have serious health consequences. People are urged to eat such combinations as cod liver oil and orange juice to cure arthritis, or safflower oil capsules to treat obesity and cardiovascular disease. Belief in such nonsense obviously can delay proper medical attention.

The aged fall prey to the same quackery, frauds, and fads as do the other members of the adult population. Relatively few frauds in foods and nutrition are directed specifically to the geriatric segment of the population; therefore, most of our comments apply to nutrition quackery in general.

An understanding of nutrition quackery requires some knowledge of nutrient requirements. The quack and the fraud can sell their wares by convincing their customer that as he grows older, he develops an increased or unusual requirement for some nutrient or food that is not supplied by the ordinary diet.

Old age does not necessitate a greater intake of calories, vitamins, minerals, and proteins. Except for total calories, people 60 years of age and over have the same nutrient requirements as people in middle age.

Caloric requirements actually decrease with age. The National Research Council's Food and Nutrition Board recommends that calorie allowances be reduced by 3 percent per decade between ages 30 and 50, and by 7.5 percent from age 50 to 70. A further decrement of 10 percent is recommended for the years from 70 to 80.

Food habits change with age, but there is little evidence that health is impaired by these changes. The nutrition of older people is influenced by the same agents that act on all age groups. Recent studies have shown that food habits and nutrient intake of old people are influenced by such factors as income, social status, isolation, marital status, presence of disease, earlier training, psychological and physiological condition.

Food faddists frequently claim that the physiological change of aging results in serious impairment of the digestive processes, and they use this claim as a basis for promoting encapsulated digestive enzymes and so-called natural foods.

Actually, aging has only an insignificant effect on the efficiency of the digestive process. Food is still properly digested and the nutrients utilized even though the absolute amount of digestive enzymes may be reduced.

Two other general health areas which invite faddism are weight reduction and, as Dr. Dorman has indicated, elimination. Adults are frequently taken in by extravagant claims for reducing aids. The public is constantly searching for an easy obesity cure.

Perhaps the most lucrative deception is perpetrated by nearly every distributor of vitamins and vitamin-mineral supplements. The immediate question is not whether vitamins or vitamin-mineral supplements are necessary, but that the vast majority contain elements not needed in human nutrition or not shown to be lacking in conventional diets.

In 1959, the Council on Foods and Nutrition published in the Journal of the American Medical Association an article entitled "Vitamin Preparations as Dietary Supplements and as Therapeutic Agents." This has been presented as exhibit 21 in our testimony.

Dr. SHANK. The council stated that the most complex mixture need contain nothing more than vitamins A, B₁₂, C, and D, and the B vitamins, thiamine, riboflavin, niacin, pantothenic acid, folic acid, pyridoxine, as well as the two minerals iron and calcium.

The council outlined those dietary situations that would call for supplementation with vitamins and minerals. It is significant that the council recommended that vitamin supplements need to be used only until faulty dietary habits are corrected or until the clinical syndrome requiring special dietary attention is alleviated. The AMA maintains that food is the preferred source of nutrients and that there is no need for the extra dietary supplementation with vitamins, minerals, or proteins in healthy adults.

Purveyors of so-called natural vitamins or organic vitamins and minerals perpetrate another fraud.

We have placed before you three typical advertisements illustrating this kind of claim.

Nearly every health food store and many vitamin distributors promote products as being meritorious because they are derived from living matter and are not synthesized in a laboratory. It can be stated unequivocally that there is no difference, chemically or biologically, between the natural and synthetic vitamins. Yet, because of grossly exaggerated claims, natural vitamins command a higher price.

In recent years there have been extravagant claims for vitamin E. A typical false claim is the following quotation :

Best known for its direct beneficial effect on the sex organs is vitamin E. Serious lack of this vitamin may cause sterility. All of the body cells need vitamin E for reproduction. Wheat-germ oil is the richest known food source of this so-essential-for-virility vitamin.

NEW! the only multiple formula



designed to promote easier digestion and better utilization of basic nutrients!



GER-E-MATES is truly an outstanding supplement... the most improved and advanced "twin-type" formula yet introduced in the all-natural field. First study the daily potency chart. Note the newer and higher potency of these early ingredients: Vitamin C, Vitamin E, Vitamin B-12, Unsaturated Fatty Acids, Biotin, Pantothenic, Ratin, Hesperidin... as compared to any other "twin-type" natural formula. Note, too, the Protein-Amino Acid content... plus L-tyrosine to help improve protein utilization and Glutamic Acid. Also pay particular attention to this fact: GER-E-MATES supplies a full 100% MORE of CALCIUM (almost double the usual amount in "twin" formula)... plus 100% of Iodine and 200% of Iron. However, potency is only part of the GER-E-MATES story. Consider the "double exclusive" features: (1) all of vitamins in GER-E-MATES are "Pre-Mulsified" in the sealed capsules; (2) Daily amount provides a full 60 milligrams of STURDEGEIT's four special mixture of digestive enzymes from natural sources.

with "PREMULSIFIED" VITAMINS!



is it possible that vitamin-mineral deficiencies, enzyme loss help to make you look, feel older than you are?

In Star-Dee GER-E-MATES... the very newest all-inclusive all-natural multiple formula... are listed TWO of the most advanced ideas in nutritional supplements: (1) Natural Food Enzyme and (2) "Pre-Mulsified" Vitamins. And only Star-Dee offers this special combination! There is evidence that during the aging process there is a continual loss of digestive enzymes which affects the body's ability to digest and assimilate essential nutrients (Proteins, Carbohydrates, other food elements). Thus, this "enzyme loss" contributes to nutritional problems common to advancing age. Another nutritional problem is the change in dietary habits to components for digestive disturbances, disease trends, other conditions... affecting the amount and variety of foods in the daily diet. GER-E-MATES formula is designed to help safeguard against BOTH enzyme-deficiency and vitamin-mineral deficiency... during the critical "middle years" and beyond.

Ingredient	Amount
20 Vitamin C	\$4.95
20 Vitamin E	
100 Vitamin B-12	
100 Vitamin B-6	
100 Vitamin B-1	
100 Vitamin B-2	
100 Vitamin B-3	
100 Vitamin B-5	
100 Vitamin B-7	
100 Vitamin B-9	
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ONLY TWO Ger-E-Mates	
Vitamin capsules and Star-Dee-House Natural Tablets	
daily provide all the following:	
MULTI-VITAMINS	
Vitamin A	10,000 I.U.
Vitamin B-1	100 mg.
Vitamin B-2	100 mg.
Vitamin B-3	100 mg.
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ENJOY A MORE YOUTHFUL ZEST FOR LIVING

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"Senior-Citizen"*Nutrition of Total Maturity*

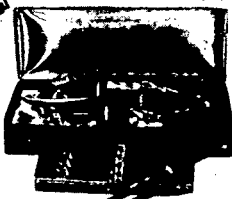
Especially formulated dietary supplement for our senior citizens, containing high potency vitamins, essential minerals, amino acids and potent enzymes, and contains a "surface active agent" a constituent of certain mountain berries and fruits.

Designed to aid in deficiencies associated with advancing years . . . premature aging and "tired, all-in feeling" for adults who are nutritionally deficient.

Combining four active enzymes which help digest many times their own weight of protein, starch, vegetable matter and fatty foods in the stomach and intestines when there is a deficiency of one or more of these enzymes present.

100% Natural and contain no preservatives, artificial or chemical additives, sugar-free, including quick dissolving agent added to tablets to assure faster and better assimilation.

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With Your
Order of \$19.00
or More

9-piece LIFETIME SHEFFIELD
STEAK KNIFES and
CARVING SET

All pieces packed in storage chest with pull-out drawer. 3-piece Carving Set - Knife, Fork and Sharpener . . . 6-piece Steak Knife Set. Exclusive Sheffield Stainless Rippled Blades, Horn or Ebony Handles with Gold Trim. *Makes An Ideal Gift!*

With Your Order of \$11.00 or More
100 Tablets - SUPER ACTO-C
300 Mgs. of Vitamin C per Tablet

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30 Tablets - CATAZYME
Enzymes for Digestive Aid

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Doseage of Six (6) Sugar-Free Tablets Provide:

Vitamin A (fish liver oil).....	25,000 USP Units
Vitamin D (fish liver oil).....	2,500 USP Units
Vitamin B-1 (thiamin-yeast conc.).....	4 mgs.
Vitamin B-2 (riboflavin-yeast conc.).....	12 mgs.
Vitamin B-6 (pyridoxine-yeast conc.).....	9.3 mgs.
Niacin (yeast conc.).....	3 mgs.
Vitamin E (dry-mixed tocopherol, N.F.).....	100 Units
Vitamin K (alfalfa leaves conc.).....	1 mg.
Pantothenic Acid (yeast conc.).....	300 mgs.
Statin (yeast conc.).....	3 mgs.
Pure Ascorbic Acid (yeast conc.).....	48 mgs.
Vitamin C (rose hip extract).....	210 mgs.
Calcium (veal bone).....	9.23 mgs.
Phosphorus (veal bone).....	373 mgs.
Manganese (veal bone).....	0.0054 mgs.
Manganese (veal bone).....	0.15 mgs.
Silicon (veal bone).....	0.0298 mgs.
Copper (veal bone).....	0.0009 mgs.
Fluorine (veal bone).....	0.5 mgs.
Cobalt (veal bone).....	0.0007 mgs.
Sulfur (veal bone).....	0.0013 mgs.
Potassium (veal bone).....	0.0349 mgs.
Dulse (nova scotia sea lettuce).....	100 mgs.
Iodine (pacific kelp).....	0.5 mgs.
Soye Bean Lecithin.....	120 mgs.

Providing:

Choline Phosphatidyl.....	30 mgs.
Inositol Combining Phosphatides.....	30 mgs.
Shredded (soya bean).....	30 mgs.
Rice Bran Concentrate.....	30 mgs.
Papain (proteolytic enzyme).....	120 mgs.
Aspergillus Niger (cellulolytic enzyme).....	60 mgs.
Aspergillus Oryzae (amylolytic enzyme).....	6.025 mgs.
Pancreatin (lipolytic enzyme).....	200 mgs.
Pepsin 1:3000 N.F.....	30 mgs.
Malt Diastase.....	30 mgs.
Pectin (apple source).....	100 mgs.
Organic Iron (peptonized iron).....	70 mgs.
Vitamin B-12 Activity (cobalamin conc.).....	50 mgs.
Desiccated and Defatted Liver.....	150 mgs.
(from beef source).....	50 mgs.
Egg Bone Marrow.....	30 mgs.
Sila Salt.....	30 mgs.
Oxide Extract.....	30 mgs.
Acetone Berries Concentrate.....	40 mgs.
Garlic Powder Concentrate.....	30 mgs.
Lemon Bileferend Complex.....	30 mgs.
Hesperidin Complex.....	30 mgs.
Statin (duckweed source).....	40 mgs.
Biotin (wheat source).....	30 mgs.
L-Glutamic Acid (wheat gluten).....	60 mgs.
L-lysine (fermentation ext.).....	60 mgs.
Distiller's Dried Solubles (natural source of Vitamin B-12).....	40 mgs.
Yeast Protein Enzymatic Hydrolysate.....	100 mgs.

Providing the following amino acids:

Arginine.....	3.34 mgs.	Cysteine.....	1.34 mgs.
Histidine.....	1.44 mgs.	Methionine.....	1.72 mgs.
Lysine.....	6.24 mgs.	Threonine.....	3.17 mgs.
Tyrosine.....	2.84 mgs.	Leucine.....	6.14 mgs.
Tryptophan.....	0.96 mgs.	Iso-Leucine.....	4.51 mgs.
Phenylalanine.....	3.34 mgs.	Valine.....	4.61 mgs.

With "Surface Active" Agent—a constituent of certain mountain berries and fruits.

MDAR%—Minimum Daily Adult Requirement.

*—Need in human nutrition established,

but no MDAR established.

**—Need in human nutrition not established.

***—Added nutritive factor.

GERIATREX PRODUCTS CO.

104 SOUTHVUE COURT CANONSBURG PENNA

- ☐ \$ 2.50 for 100 "Senior-Citizen" Tablets
☐ \$11.00 for 500 "Senior-Citizen" Tablets
☐ \$19.00 for 1000 "Senior-Citizen" Tablets
☐ Send FREE 32-Page Catalogue

NAME _____

ADDRESS _____

CITY _____ STATE _____

P-12



This statement is taken from a book by a gentleman named Lelord Kordel, entitled "Eat Your Troubles Away." We might add that such a claim cannot be substantiated in any regard.

Many food supplements have been and occasionally are still promoted by claims suggesting that certain symptoms can be prevented or treated by dietary means. They commonly are tiredness, lassitude, aches, pains, headaches, upset stomach, and the like. In most instances the symptom is self-limiting, meaning it comes and goes for no apparent reason. The cause of such subjective symptoms is often difficult to pinpoint, we all have them. Many people purchase food supplements in hope of relief.

The food fanatics are well organized. Dr. K. L. Milstead, Deputy Director, Bureau of Enforcement, Federal Food and Drug Administration, has succinctly summarized the current situation, and I quote from a speech of his before the 45th annual meeting, American Dietetic Association, October 9, 1962, Miami Beach, Fla.:

The American Nutrition Society, American Academy of Applied Nutrition, Natural Food Associates, Boston Nutrition Society, and National Health Federation have as their principal objective the promotion of so-called natural or unprocessed foods and carry on a continuous propaganda war against all other foods which they refer to as processed or refined. It is their basic tenet that the major cause of disease and poor health is "devitalized" foods and they spread the four myths of nutrition:

- (1) That all diseases are due to faulty diet;
 - (2) That soil depletion causes malnutrition;
 - (3) That commercial food processing destroys the nutritive value of foods;
- and
- (4) That most Americans suffer from subclinical deficiencies and therefore need to supplement their diets with various concoctions.

To this list we might add a fifth false tenet: Nutrient requirements increase with age.

Again quoting from Dr. Milstead:

These are the "big lies" that are being spread by these organizations and their members. There is no sound basis for any of them, yet they are the foundation for most, if not all, of the misinformation that is being perpetrated on the American public in the name of "nutritional science."

The American Medical Association, the Federal Food and Drug Administration, the Federal Trade Commission, the Post Office Department, and the National Better Business Bureau all cooperate to combat food and nutrition frauds and faddism.

The Food and Drug Administration has been especially active and successful in stamping out deviations from established food and drug regulations. Between April 15, 1960, and November 1, 1962, it seized 128 food supplement products for violation of Federal regulations.

Recent examples of misbranded products promoted to our older population include: sea salt and sea water, vinegar and honey, (in a product called Honegar), and safflower capsules (C. D. C. capsules) promoted as part of the weight reduction program described in earlier editions of the book, which you may all know, "Calories Don't Count," by Herman Teller, M.D. The Food and Drug Administration successfully prosecuted and stopped these products from continued distribution in interstate commerce.

Through various communication media—newspapers, magazines, books, radio, television, mail order, and even through educational

institutions and libraries—the American people are being propagandized in a way that tends to undermine their confidence in the purity and nutritional value of our food supply. The public is encouraged to purchase a wide variety of special dietary preparations ranging from seaweed to rose hips which are purported to be miracle health foods or cure-alls for all disease.

The food fanatic has many ways of reaching the public. Door-to-door peddlers give advice on health and dietary problems, prescribe their "miracle" mixtures for super health and often for the treatment of serious disease. One food supplement chain alone reportedly has had a sales force of over 75,000 people.

"Health food lecturers," the modern version of the oldtime patent medicine pitchman, hire halls and offer one or more free lectures as a come-on for the paid series that follow. They usually promote a line of "natural" food items and special pots and pans which sell at exorbitant prices. Devitalized foods and poisonous chemicals in our foods are two popular themes of the lecturer's spiel. Lecturers make converts by using scare techniques and distorting scientific information. Devitalized foods are foods said to be debased by overrefinement; modern agricultural practices and food-processing methods are denounced as poisoning the Nation's food supply.

Popular books on nutrition and health are another effective way of disseminating misinformation. And on the second panel here are jackets from some of those which you may recognize as having had varying degrees of popularity.

Frequently these books contain advice which is medically unsound and could be harmful to individuals following it.

Justine C. Glass, in "Live To Be 180," implies that silica, which is the main ingredient of sand and is used in making glass, is useful in the treatment of cancer and other disease, and I quote from her book:

Silica has been used in the treatment of cancer and of sarcoma. Dr. H. H. Patrick, of Glasgow, has reported cases of sarcoma cured by silica. * * * It is by speeding up the antagonistic powers of connective tissues (by silica) that the natural cures of malignancy, partial or entire, are largely effected.

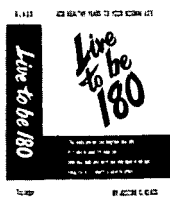
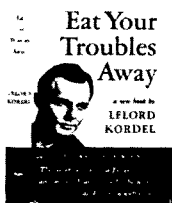
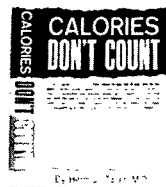
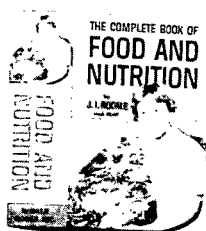
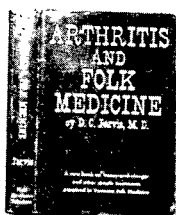
Malnutrition, epilepsy, rheumatism, obesity, and arteriosclerosis are other complaints in the treatment of which silica has produced good results.

J. I. Rodale in his handbook on food and nutrition in the chapter on vitamin B extolls the virtues of brewer's yeast and desiccated liver.

Brewer's yeast and desiccated liver, which we recommend as food supplements for everyone, are natural products. * * * These two food supplements have been found, in experiments, to protect laboratory animals from cancer and many other diseases. Liver has been found to be protective against poisons to which we are exposed today, such as DDT.

Catharyn Elwood, in "Feel Like a Million," blamed an "unnatural diet," a diet deficient in vitamin E, as the cause of the death of a 38-year-old father. Quoting from her:

* * * She (the wife) killed him but she loved him * * * if only I could tell them how vitamin E prevents muscles from becoming riddled with holes and torn with lesions that fill with water. This was the cause of their daddy's enlarged heart. Right here I see the perfect example of that ancient truth, "Ignorance is the root cause of all sorrow." Her ignorance of food, about vitamin E and whole grains, about food and health, is the cause of her sorrow.



Why do people believe the teachings of the food fanatic or faddist? The promoters of health foods and false nutrition information know the reasons and are quick to exploit them.

First, the public wants to believe that a pill, a combination of foods, or a special diet will provide super vitality, insure optimum nutrition, prevent illness, and act as miraculous cures for serious illness.

Second, food production and processing have become so technically complex that many people can easily be led to believe that modern techniques adversely affect the quality and purity of food.

For the past 4 years, the American Medical Association has carried on an extensive program to combat nutrition misinformation. As part of its educational program, a "Campaign Kit to Combat Food Faddism and False Claims" has been prepared. The kit contains pamphlets, reprints, reference lists, and information on how to obtain free literature, exhibits, and films from the American Medical Association. It was designed to help organizations initiate a campaign against nutrition quackery and misinformation. To date, 11,400 kits have been distributed. Copies of the kit have been delivered to the committee for the perusal of its members and staff.

A film entitled "The Medicine Man" exposes the techniques of the health lecturer whose pitch is to sell special food supplements. Since 1958, this film has been shown to the public 12,675 times, including 926 telecasts.

The American Medical Association has six copies of an exhibit entitled "Nutrition Nonsense." This exhibit deals with diet delusions and food fads. It also shows the value of the various food groups in good nutrition. The exhibit has a built-in tape recording of house-to-house food supplement salesmen's pitches taken from actual Government investigations. This exhibit has been shown 227 times from 1958 to 1962. A photograph of the exhibit is before you on the chart rack.

I thank you on behalf of the American Medical Association for giving us the opportunity to express the views of the physicians of America on medical quackery and fraud.

We will now be pleased to attempt to answer any questions that the committee may have.

The CHAIRMAN. Thank you, gentlemen, all of you.

Are there any questions?

Senator Williams, do you have a question?

Senator WILLIAMS. Well, I know it is late, and I will try to be brief.

Dr. Dorman, it has been shocking, really, the testimony we have had today of what is going on in quackery in medicine, and we certainly have been advised by everybody of the difficulty of dealing with this in a legislative way.

I wonder if there are not, perhaps, other ways to deal with this problem?

I am a lawyer, and in our profession we have a very effective self-policing system of canons of ethics and censure and in some cases disbarment for what would amount to legal quackery.

I do not believe the American Medical Association has sponsored self-policing in the same way. I know in my State I have seen examples of gross medical negligence go uncensured, and the victim could not even get an award in court for the damages resulting from negligence, and you know the reason why. Doctors won't come in and testify against doctors.

We did not break through this in the State of New Jersey until an enterprising lawyer imported an elderly doctor from Brooklyn, whom I might say was not very active in the practice of medicine any more. It was pretty hard for this lawyer to establish his qualification to testify as an expert, but we got by one judge, and he got to the jury, in one case.

Do you see any chance of self-policing the medical profession that will censure doctors who will print books that are filled with medical quackery?

Dr. DORMAN. We have taken up this problem.

As you say, it is very hard to have one doctor who is practicing in an area with his colleagues get up and say the other fellow is a crook, right out.

Senator WILLIAMS. Not a crook, just guilty of negligence in practice.

Dr. DORMAN. Because of this problem, the question of jurisdiction in other than the county or local societies has been considered.

The local society is really the court of first appeal. If there is an appeal from their judgment, it is made to the State society, and then to the American Medical Association. The question is whether a court of appeals can take primary jurisdiction in a case.

There have been cases where, because the primary court has not acted, there are cases that are going unpublished. The last action of the American Medical Association was a vote by its house of delegates to move toward primary jurisdiction in cases where the local county will not act. But it is better if the local county, the confreres, the fellow workers of the physician who is off base, takes the first action in any case of negligence or of wrongdoing.

It has not worked out entirely as yet, but I would like to have Mr. Donelan comment on your question.

Mr. DONELAN. Senator, the American Medical Association and the American Bar Association have been working quite closely for the last 5 years to overcome one of the problems that you mentioned in your statement; that is, the difficulty in getting physicians to testify against other physicians.

One of the reasons that physicians have been found to be hesitant to testify is that some lawyers have been extremely aggressive in their cross-examinations. Nobody likes to be subjected to this type of treatment. Another and probably more important reason is that they have not the knowledge of the law courts.

Now as a result of this program, a new procedure has resulted and more physicians are testifying. This is the impartial medical testimony. It has been established in a number of States. I can't give you the States offhand, but I can submit for the record, if you wish it.

The CHAIRMAN. We would be glad to have it for the record.

Mr. DONELAN. In a number of States there are panels. These panels are made up of the top men in the fields of medicine in the State or county. The court has a right to request them to comment on the medical evidence submitted. These men can be called either by the plaintiff or by the defendant or by the court as *amicus curiae*. It has been found to be very successful in the areas where it has been in use. Of course, there are members of the bar who feel that this gives one side an unfair advantage.

But the point I want to make is that the problem that you mentioned has been recognized, and action has been taken with a good deal of success.

Senator WILLIAMS. Well, is there not anyway that you can reach these medical doctors who are writing false cures in books and getting them published?

If we, as lawyers, did something analogous, why, our license would be lifted like that. If we advocated shortcuts to legal cures that were clearly illegal, why, we would be out of business.

Dr. DORMAN. We don't get it until after it is published. That is the problem, and the lag is where the damage is done.

Mr. FIELD. Senator Williams, could I offer one thing?

The lawyers are licensed through the action of the supreme court of a State, usually. Your name is on the roll of attorneys entitled to practice before the supreme court.

The doctors, on the other hand, are licensed by State boards of medical examiners which, of course, are doctors, but it is the function of the State rather than the profession itself, in matters of discipline involving licensure, so there is a difference there.

Senator RANDOLPH. Mr. Chairman.

The CHAIRMAN. Yes, Senator Randolph.

Senator RANDOLPH. Mr. Field, you are director of the Department of Investigation of the American Medical Association, and, in your role, have you any help for the committee as to the most fraudulent practices that you face and the ones that perhaps are most difficult to halt?

Mr. FIELD. Well, sir, one of the problems that seems not to be covered by legislation is that mentioned by Dr. Dorman, the persons who advertise medical services in interstate commerce.

Now, I think that particular—or a provision of a bill that was introduced in the Congress in, I think, 1937, had a provision for supervision over such quack practices but it was never enacted into law. But that is one area that might merit some attention.

Senator RANDOLPH. Thank you very much.

Mr. FIELD. And it affects the aging population more than any one else.

Senator RANDOLPH. Thank you, sir.

The CHAIRMAN. Recently there was a report by the Federal Trade Commission dealing with aspirin and such products. Our committee made a check of Washington-area drugstores and they found the following is true: that ordinary aspirin, just aspirin, when you walk into a drugstore and ask for aspirin, can be purchased from 29 to 39 cents for a hundred tablets; that others, such as Bayer, Anacin, Bufferin, Excedrin, Empirin, are priced in some cases 3 or 3½ times as much as just ordinary aspirin. The report indicated, further, I believe, that all of these products were of about the same benefit in the treatment of the ailments that they were designed for.

Do you have any comment on this report?

Mr. FIELD. Well, Senator, the Journal of American Medical Association carried a report on the relative merits of several of the advertised brands of aspirin, but the truth is that aspirin, in order to be labeled as aspirin, must meet the requirements or the standards of the United States Pharmacopoeia; otherwise, the shipper would be subject to the Food and Drug Act for misbranding his product.

Now, the truth is if you buy it for 10 cents a hundred, or a dollar a hundred, it is all the same.

The CHAIRMAN. In your opinion, then, they are all the same, and the people might just as well buy the cheaper product as to buy these others that advertise so much?

Well, even since this report, some of these other companies, the ones with the trade name aspirin, seem to take advantage of that report, and they are plugging theirs by saying that "Ours is faster" or some such thing.

Is this utterly ridiculous?

Mr. FIELD. We have protested to one of the manufacturers that did seek to take advantage of this advertisement, and we have not given him permission, for instance, to circulate reprints of our report. I think we have a copy here, don't we, of a protest?

Dr. DORMAN. Senator, I have a copy of the letter that we sent him, if you are interested, and also a copy of the press release on this particular matter which the AMA has sent out, and I would be glad to read them now, if you like, or submit them for the record.

The CHAIRMAN. We would be very happy to have them made part of the record at this point.

Will you do that, sir?

Dr. DORMAN. Do you want me to read them, sir?

The CHAIRMAN. No; it will not be necessary. Just give them to the recorder, and we will see that they are made part of the record.

Dr. DORMAN. But these have been protested.

I was in contact with one of the broadcasting executives yesterday, in fact, in this regard, in New York City.

The CHAIRMAN. I am glad that you are on to this one, because it does seem that the copy of the Federal Trade Commission's report, plus the publicity that went out from your organization, has served as a springboard for some of these people who are selling a product that obviously is not any better, according to the doctors, and at a much greater price. I want to compliment you on being on top of this thing, and following it up.

Dr. DORMAN. Thank you, sir.

(The documents referred to follow:)

JANUARY 10, 1963.

J. MARK HIEBERT, M.D.,
President and Chairman of the Board,
Sterling Drug Co., Inc.,
New York, N.Y.

DEAR DR. HIEBERT: It has long been the policy of the American Medical Association to refuse permission to have the front cover, or masthead, of JAMA reproduced in advertising directed to the lay public. I am sure that as a physician you can see the merit of such a policy.

During the past few days, a number of persons have called to my attention the fact that a portion of the front cover of JAMA is currently being reproduced in the advertising of Bayer aspirin to the lay public on television. This has been done without the permission of the American Medical Association and I ask that you issue instructions that the inclusion of this material in Bayer advertising be deleted.

Sincerely,

ERNEST B. HOWARD, M.D.,
Assistant Executive Vice President.

CHICAGO.—The American Medical Association has not endorsed Bayer aspirin over any other pain reliever, Dr. F. J. L. Blasingame, executive vice president, said today.

Dr. Blasingame said statements in current newspaper advertising and radio and television commercials have been interpreted as an AMA endorsement of Bayer aspirin.

"The statements are based on a scientific paper published in the Journal of the American Medical Association," he said. "This paper reports on a research study which compared the effects of five well-known nonprescription pain relievers.

"The conclusions reached in this study are those of the research team which conducted it. The American Medical Association did not participate in this study. Our role was to provide a channel of communication of the findings of the research team to the medical profession."

The CHAIRMAN. Thank you very much.

Are there any other questions?

Senator WILLIAMS. I was rather shaken by the testimony on the lack of efficacy of vitamin pills, to be quite frank.

I just stocked up, and I am wondering whether that was a mistake.

The CHAIRMAN. Do you have any comment on that, Doctor?

Dr. SHANK. Well, we would have to stick by our testimony, and by a position of the Council on Foods and Nutrition of the American Medical Association that for the healthy adult eating a varied, good diet, there is no advantage to be obtained from any of the usual vitamin supplement preparations.

The CHAIRMAN. Well, thank you very much, gentlemen. I appreciate your cooperation.

Did you have something to add, Doctor?

Dr. DORMAN. I would just like to say for the record, Senator, that I feel that this hearing, in and of itself, which you gentlemen have held here will be extremely beneficial in that the publicity that it will

give and the light that it will cast on the shady business of quackery. I want to thank you very much for the opportunity to be here with you.

The CHAIRMAN. Well, we want to thank you for making this very fine contribution to our record.

At this point we will insert an additional statement from the AMA and the exhibits referred to previously.

(The exhibits follow :)

AMERICAN MEDICAL ASSOCIATION,

Chicago, Ill., January 23, 1963.

HON. PAT McNAMARA,
Chairman, Special Committee on Aging,
U.S. Senate, Washington, D.C.

DEAR MR. CHAIRMAN : On behalf of the American Medical Association, I want to thank you for the opportunity to testify on medical and nutritional quackery before your Special Committee on Aging on January 15.

In the course of the testimony by Dr. Gerald D. Dorman and Dr. Robert E. Shank, who were accompanied by Mr. Oliver Field, director, AMA's Department of Investigation, and Mr. Paul R. M. Donelan, AMA legislative attorney, it was promised that the association would submit a statement to you covering (a) the association's new program of original jurisdiction in medical disciplinary cases and (b) the association's policies and programs urging physicians to aid in the presentation of impartial medical testimony.

In addition to presenting information on these two points, I would like to comment on the remarks made by Mr. Field in response to one of your questions.

MEDICAL DISCIPLINE

Traditionally, the local medical societies have been charged with the responsibility of handling disciplinary actions against the membership of organized medicine. Over the years, the American Medical Association has been an appellate body in these actions. At the AMA's annual meeting in Chicago, June 11-15, 1962, the association was granted original jurisdiction, under certain conditions, in local disciplinary cases.

In order to understand medical discipline in organized medicine, it is necessary to know the relationship of the AMA to individual physicians and to State and county medical societies. First, 197,369 of the 269,325 physicians in this country belong to the AMA. The AMA has no authority over those physicians who are not members.

The constitution of the AMA defines the association as "a federacy of its constituent (State) associations." The State associations are separate sovereign associations. County medical societies are chartered by the respective State associations and derive their existence from the State associations.

In the past, the State associations have been the authority through which member physicians could be disciplined. Generally, the States have delegated most original disciplinary authority to the county societies. The "trial" of a disciplinary case is usually heard by a committee of the county medical society. The "defendant" physician had the right to appeal to the State medical society and then to the Judicial Council of the AMA.

There are certain members of the AMA who are not necessarily members of State or county medical societies. They are service, affiliate, or honorary members of the association. The judicial council, for a number of years, has had authority to discipline these members directly.

In 1958, the AMA board of trustees established a medical disciplinary committee to assess the status of medical discipline. This committee submitted its report in June 1961. One of its recommendations was that "the bylaws of the American Medical Association be changed to confer original jurisdiction on the association to suspend or revoke the AMA membership of a physician guilty of a violation of the principles of medical ethics or the ethical policy of the American Medical Association regardless of whether action has been taken against him at the local level."

The following year, the house of delegates implemented this recommendation by granting the judicial council original jurisdiction under the following conditions: (a) When a State medical association, to which a member belongs,

requests the AMA to take such action, and (b) when, at the request of the AMA, a State medical association, to which the member belongs, consents to such action. In these instances, the judicial council has the right to admonish or censure the accused physician or expel him from AMA membership.

In November 1962 the judicial council adopted rules of procedure for original jurisdiction cases (attachment 1). Thus, the AMA is now in a position to exercise an effective role in disciplining its members.

MEDICAL TESTIMONY

Developments in the law have placed increased emphasis on the importance of medical testimony in the administration of justice. Today, about 70 percent of all litigation invokes medical testimony. The American Medical Association has kept pace with this development by carrying out an educational program to encourage physicians to live up to their responsibility by cooperating with attorneys and with the courts.

As early as 1882 the AMA was interested in assuring impartial medical testimony. In 1928 the association endorsed the principle that in civic and criminal cases the court should appoint expert medical witnesses.

At the AMA's annual meeting in New York, June 25-30, 1961, the association's house of delegates approved supplementary report J of the board of trustees on nonpartisan medical testimony. The report resolved that the house of delegates endorse the principle of nonpartisan medical testimony in the trial of personal injury litigation. It also resolved that the AMA invite the American Bar Association and other national bar and judicial organizations to participate in a joint venture of formulating a model plan for nonpartisan medical testimony.

On November 20, 1962, representatives of the American Bar Association, the American Judicature Society, the National Association of Claimants' Counsel, and the International Association of Insurance Counsel participated in a conference on impartial medical testimony at AMA headquarters. Final agreement on a model plan was not reached, but substantial progress was made. For your information, I am enclosing the latest draft of the model plan proposed by the American Medical Association (attachment 2).

Thus far, there are nine impartial medical testimony plans in operation. These are in New York, Philadelphia, Chicago, Baltimore, Cleveland, Utah, Los Angeles, Illinois, and New Jersey.

In addition to impartial medical testimony plans, physicians and attorneys at the State and local level have established joint committees to screen cases where physicians have been accused of malpractice. These professional liability screening plans have been established in Idaho; Pima County (Phoenix), Ariz.; California; Scott County, Iowa; Bucks County, Pa.; Virginia; Washoe County (Reno), Nev.; and Salt Lake County, Utah.

The American Medical Association sponsors biennially a medicolegal symposium at which it stresses physician cooperation with the courts and better physician-attorney relations. At the last medicolegal symposium in New York, April 28-29, 1961, David B. Allman, M.D., Atlantic City, N.J., a past president of the AMA, said in a keynote speech:

"The physician must realize that he has an obligation to himself, to his profession and to the public to cooperate with the legal profession and the judiciary in providing sound, impartial medical testimony under whatever mechanism exists in his particular geographic area."

The next meeting of this type will be held by the AMA at Miami Beach on March 8-9, 1963. It is anticipated that over 1,000 physicians and attorneys will attend.

MR. OLIVER FIELD'S COMMENTS

During your questioning of Mr. Field on the matter of aspirin, he made the following statement: " * * Aspirin, in order to be labeled as aspirin, must meet the requirements or the standards of the United States Pharmacopoeia. Otherwise, the shipper would be subject to the Food and Drug Act for misbranding his product. Now, the truth is if you buy it for 10 cents a hundred, or a dollar a hundred, it is all the same."

This remark prompted the United Press International to report in a January 16 dispatch: "The American Medical Association confirmed today that aspirin is aspirin, despite the price."

For the record, I would like to state the association's position on this matter.

It is true that a product, in order to be labeled as aspirin, must meet the requirements of the United States Pharmacopoeia. But it is equally true that these are minimum standards and drug products labeled as aspirin are not all the same.

There is a mistaken belief that the active ingredient as a chemical product is the sole basis for the effectiveness of a pharmaceutical product. Actually, the physiological response to the administration of a given drug product is frequently a function of both the way in which the drug is made and the particular dosage form of the active ingredient.

The medical profession recognizes the varying standards in the manufacturing of drug products and is aware of the integrity of brand name products. It knows that the manner and conditions under which a drug product is manufactured may be as important as the active chemical ingredients.

The association's house of delegates, at its annual meeting in New York, June 25-30, 1961, approved resolution No. 82 entitled "Opposition to Compulsory Use of Generic Names in Prescribing Drugs." This resolution stated in part:

"Whereas passage of any legislation requiring pharmaceuticals to be sold under generic names would place public health in jeopardy; when human life is at stake, the strength, purity, and quality of a drug is of critical importance; and

"Whereas all drugs containing the same active ingredients are not identical; drugs having the same active ingredients and subject to the same standards may vary in more than 24 different respects and still be entitled to share the same generic name; * * * therefore be it

Resolved, That the house of delegates of the American Medical Association go on record in opposition to legislative and administrative mandates which would compel physicians to prescribe drugs, or require pharmaceuticals to be sold, by generic name only."

As you can see, there has been some misunderstanding on this matter, and I hope this clears it for the record.

In closing, I again want to thank you for allowing the American Medical Association to testify before your committee. If we may be of further assistance to you in your current inquiry, please do not hesitate to call on the association.

Sincerely yours,

F. J. L. BLASINGAME, M.D.

ATTACHMENT 1

DISCIPLINARY ACTION BY JUDICIAL COUNCIL

"ORIGINAL JURISDICTION"—RULES OF PROCEDURE

Preamble

At the annual meeting of the House of Delegates of the American Medical Association, held in June 1962, chapter IV of the AMA bylaws, relating to disciplinary action, was amended. The bylaws now provide that the association may take disciplinary action with respect to a physician's AMA membership (1) when a State medical association, to which a member belongs, requests the AMA to take such action or (2) when, at the request of the American Medical Association, a State association to which the member belongs consents to such action.

Chapter XI, section 10(A) (6) of the bylaws provides that the judicial council may request the president of the association to appoint investigating juries to which the council may refer complaints or evidences of unethical conduct which, in its judgment, are of greater than local concern.

The following rules of procedure, respecting notice of charges and the conduct of hearings before the judicial council, are based upon these sections of the bylaws.

Investigating jury

At the request of the judicial council the president has appointed an investigating jury. Complaints or evidences of unethical conduct of greater than local concern, will be submitted to this jury by the council.

Institution of proceedings

If after investigation a probable cause for action is shown, the investigating jury shall submit a statement of charges to the president. The president shall submit to the judicial council the statement of charges presented to him by the investigating jury for prosecution in the name and on behalf of the American Medical Association.

Statement of charges

The statement of charges shall allege in writing an infraction of the AMA's constitution or bylaws, or a violation of the principles of medical ethics of the AMA. Exhibits may be attached.

Notice

A copy of the statement of charges shall be sent to the respondent physician by personal delivery or by registered or certified mail.

Answer

The respondent physician shall have 30 days after personal delivery or mailing of the notice of statement of charges to file a written answer. If the respondent physician fails to file a written answer, the allegations shall be considered to be admitted.

Proceedings

The chairman of the judicial council shall designate one or more members of the council to conduct a hearing on the statement of charges. This member or these members shall be known as the hearing officer.

Hearings shall be held at such reasonable time and place, designated by the hearing officer, as may be consistent with the nature of the proceedings and the convenience of the parties. The parties shall receive not less than 15 days notice of the hearings.

The general counsel of the American Medical Association or his designee shall prosecute the charges against the respondent physician.

Attendance at hearings may be limited to the members of the judicial council, the staff, witnesses, if any, the parties and counsel who may speak in their behalf.

The respondent physician or his counsel may cross-examine witnesses and enter objection to the material offered in evidence. The respondent shall also have the right to call witnesses and enter evidence in his behalf.

The hearing officer or its counsel may question the parties and their witnesses.

The hearing officer shall not be bound by technical rules of evidence usually employed in legal proceedings but may accept any evidence he deems appropriate and pertinent.

Should any party to the controversy fail to appear at the hearing, the hearing officer may, in his discretion, continue, dismiss, or proceed with the hearing.

Findings and conclusions

At the conclusion of the hearing, the hearing officer shall render a report in writing containing findings and conclusions and recommendations, if any. This report, together with a transcript of the proceedings, shall be submitted to the judicial council. A copy of the report shall be mailed to all parties of record.

Written objections

Any party to the proceedings may submit written objections to the report to the judicial council. These objections must be submitted within 21 days after the report has been submitted by the hearing officer to the judicial council.

Oral argument

In addition to written objections, any party may request an opportunity to present oral arguments on its objections to the report of the hearing officer before the judicial council. This request must be made within 21 days after the report has been submitted to the judicial council. The granting of oral arguments shall be discretionary with the judicial council. If granted, the parties shall be notified by the judicial council of the place and date for such oral argument; all parties shall be given an opportunity to be heard and the time allotted to argument may be limited by the judicial council with due regard to the magnitude and complexities of the issues involved.

If any party fails to appear, the judicial council may continue or proceed with the oral argument.

Final decision

The judicial council, including the member or members who serve as the hearing officer, shall render a final decision. A copy of that decision shall be mailed or otherwise served upon all parties.

Disciplinary action

The judicial council shall have the authority to acquit, admonish, or censure the accused physician or suspend or expel him from AMA membership as the facts may justify. This action shall be in accordance with the authority vested in the council by chapter IV, section (1) (B) and chapter XI, section (10) (A) (6) of the bylaws.

Transcript

A written transcript shall be made of the proceedings and of the oral argument before the judicial council.

If any party to the controversy requests a copy of the transcript, it shall be made available to him at his expense.

Filing of copies

Three copies of all pleadings and exhibits shall be submitted to AMA headquarters to the chairman of the judicial council. One copy of each document shall be submitted at the same time to each of the other parties to the controversy.

 ATTACHMENT 2

RULES OF THE ----- COURT

RULE NO. —. INDEPENDENT MEDICAL EXPERTS

(a) In any personal injury case, if it appears to the court that an independent medical examination will materially aid in the just determination of the case, the court, on its own motion or on motion of any party, may order a physical or mental examination of the party whose physical or mental condition is in issue in the case, by one independent medical expert chosen from each of one or more panels of independent medical experts in the principal fields of medicine, such as: (1) general surgery, (2) plastic surgery, (3) ophthalmology, (4) cardiovascular diseases, (5) dermatology, (6) tuberculosis, (7) internal medicine, (8) neurosurgery, (9) neurology, (10) psychiatry, (11) neuropsychiatry, (12) roentgenology, (13) orthopedics, (14) otolaryngology, (15) obstetrics and gynecology, (16) genitourinary diseases, (17) malignancy and trauma, (18) endocrinology, (19) anesthesiology, (20) pediatrics, and (21) pathology. Members of the several panels shall be selected by the ----- Medical Society on the basis of their special qualifications and their lack of bias or partisanship. When requested by the court, the ----- Medical Society shall designate one independent medical expert from the panel in each of the one or more principal fields of medicine specified by the court. Such designation shall be made on a rotating basis, in such a manner that neither the court nor any party shall know in advance which member of the panel will be designated.

(b) The court or any party may move for such an order requesting the designation of one independent medical expert from any of one or more of the fields of medicine in which it is established to the satisfaction of the court that there is a substantial question of expert medical opinion at issue in the case.

If any party shall allege in opposition to such motion that there is a division of reputable medical opinion on a medical question at issue in the case, as framed by the allegations of the complaint, in the particular field of medicine of any independent medical expert who would be designated pursuant to the court's order if it were granted, the court shall refer such medical question to the panel of independent medical experts of which such independent medical expert is a member, solely for the purpose of a determination by the panel, sitting en banc, as to whether there is a division of reputable medical opinion with respect to that particular medical question. The determination of such panel shall not be disclosed to the jury in that case in any manner, either directly or indirectly. If any member of a panel to which such question is referred shall determine that there is a division of reputable medical opinion with respect to such particular medical question, the court shall deny the order insofar as it applies to that particular medical question, and no independent medical expert who may be designated pursuant to an order of the court in that case shall in anyway express his medical opinion in connection with that case on such particular medical question, and neither the court nor any party shall question any independent medical expert in relation to that case concerning

such medical opinion, but the court shall not be barred from issuing an order requesting the designation of an independent medical expert in relation to any other medical question in issue in the case. In the event that no member of a panel to which such question is referred shall determine that there is a division of reputable medical opinion on such particular medical question, or in the event that no party shall allege that there is such division of reputable medical opinion with respect to any one or more medical questions at issue in the case, the court may, in its discretion, grant the order.

(c) Where an examination of a party by one or more independent medical experts has been ordered in accordance with this rule, each party shall furnish to each of such independent medical experts a copy of all hospital records, X-rays, laboratory reports, and other medical data which are relevant to or may be offered in evidence in the case. The independent medical expert shall personally examine the party whose mental or physical condition is in issue, and shall have such special tests or examinations made as he deems necessary for a proper evaluation of the party's physical or mental condition. On the basis of his examination and all other relevant medical data available to him, the independent medical expert shall, within a reasonable time, make a written report as to the results of his examination together with his conclusions and prognosis. One copy of this report shall be furnished promptly to each of the parties and to the court.

(d) If the case goes to trial, any one or more of the designated independent medical experts who has made a report in the case under this rule may be called as an expert medical witness by the court on its own motion or shall be called by the court at the request of any party. Such independent medical expert when called by the court as an expert medical witness shall be identified as a medical expert in his particular field of medicine who is independent of any of the parties and who is called by the court as a medical expert witness, but the jury shall be instructed that the testimony of such independent expert witness is to be given no greater weight, because of the fact that he is called as a witness by the court rather than by one of the parties, than the testimony of any other qualified expert witness appearing in the case. Any independent medical expert called by the court as an expert medical witness shall be subject to full cross-examination by any party and by the court.

(e) (The method of compensation of the independent medical expert for his services is left open. He may be paid out of general court funds, without expense to any party. He may be paid by the party who moves for the court order. The expense may be apportioned among the parties. This part of the rule may be determined locally.)

(f) Any independent medical expert, while serving as a member of any panel under the provisions of this rule, shall not accept employment as an expert medical consultant or an expert medical witness in any personal injury case, except by order of the court under this rule.

(g) This rule shall be administered by the ----- officer of the court.

EXHIBIT 1

BASIC FACTS ABOUT THE AMERICAN MEDICAL ASSOCIATION

Its beginning.—AMA was founded May 5, 1847, in Philadelphia, Pa., by 250 physicians representing more than 40 medical societies and 28 colleges, embracing medical institutions in 22 States. These doctors were concerned about the poor quality of medical education in the United States, about the brisk traffic in patent medicines and secret remedies, and about the lack of a recognized code of ethics. They felt that a national association of physicians was needed to lead the crusade for better medical care. The association's founder was 30-year-old Dr. Nathan Smith Davis, of New York. First president was Dr. Nathaniel Chapman of Pennsylvania.

Its purpose.—Article II of the constitution of the AMA reads: "[The objectives of the association are] to promote the science and art of medicine and the betterment of public health." AMA's primary goals are better health for all people, and service to the professional needs of the membership.

Membership.—AMA membership includes some 186,000 physicians, approximately 71 percent of the Nation's 261,000 licensed physicians. Any physician who is a member in good standing of his State medical society may become a member of the American Medical Association.

Organization.—The AMA is a federation of 54 State and territorial medical associations. These in turn are composed of almost 2,000 county or district medical societies. The representative government principle applies throughout, with authority moving up from the county society through the State association to the national body, through the process of elected delegates.

House of delegates.—The house of delegates is the national policymaking body of the medical profession. It is composed of 218 members, most of whom are elected from each State association, on the basis of 1 delegate for each 1,000 active members of AMA or a portion thereof in each State. The house also includes 1 representative from each of the 20 sections of AMA's scientific assembly. This assures representation from every branch of medicine, since one section is devoted to general practice and the rest to the various specialties. The house includes, in addition, a delegate from each of the Government services—Army, Navy, Air Force, Veterans' Administration, and Public Health Service—and two nonvoting delegates from the student AMA. Past presidents and certain other officials are also nonvoting delegates. The house meets twice annually (in June and December) to establish policies and programs.

Officers.—The president, president-elect, vice president, speaker of the house of delegates, and vice speaker are elected each year by the house of delegates.

Board of trustees.—Between meetings of the house of delegates, the AMA is governed by the board of trustees. It is composed of the president, president-elect, and nine trustees, who are elected by the house from different geographical regions of the country. Each trustee is named for a 5-year term and may succeed himself only once. Officers and trustees serve without pay.

Headquarters staff.—The staff to carry out the programs inaugurated by the house of delegates is headquartered at 535 North Dearborn Street, Chicago 10, Ill. It is under the direction of the executive vice president, a full-time, salaried physician-administrator. There are about 700 persons on the headquarters staff, 13 of whom are in Washington, D.C.

AMA budget.—AMA's budget is approximately \$16 million annually. In 1960, 50.1 percent of the income came from advertising in AMA publications, 22.8 percent from membership dues, 14.4 percent from outside subscriptions, 6.7 percent from miscellaneous sources, 3 percent from investments, and 3 percent from the sale of exhibit space at meetings.

In 1960, expenditures were:

Paper, printing, and mailing costs, 41.7 percent; business division (includes departments of accounting, advertising, building services, circulation and records, contract printing, convention services, operating services, and personnel), 16.7 percent; communications division (includes editorial preparation of the AMA News and Today's Health and departments of news, scientific news, magazine relations, radio, TV and motion pictures, exhibits, medical motion pictures and television, program development, services to officers, and special services), 8.5 percent; scientific activities division (includes work of departments of advertising evaluation, drugs, foods and nutrition, medical education and hospitals, medical physics and rehabilitation, mental health, nursing, and scientific assembly), 6.8 percent; executive vice president's office (includes such "employer" expenses as real estate taxes and social security taxes), 8.3 percent; environmental medicine division (includes departments of health education, international health, national security, occupational health, rural health, and Washington medical liaison representatives), 2.7 percent; legal and socioeconomic division (includes departments of economic research, investigation, medical service, law, legislative, medical ethics, legal medicine, and a Washington representative), 4.6 percent; scientific publications division (includes preparation of editorial content of the Journal of AMA and 10 specialty journals and departments of archives-library, research and documentation in medical journalism, and standard nomenclature), 4 percent; field service division (includes the field representatives and 3 legislative representatives in Washington), 1.5 percent; board of trustees (finances meetings of various AMA councils and committees which are advisory to the board and to the house of delegates), 4.5 percent; Washington division (includes work of the office and its staff except those members attached to other divisions), 0.7 percent.

Publications.—Publications are a highly important facet of AMA's program. Since 1883 the Journal of the American Medical Association has been the most widely circulated medical journal in the world.

To meet the needs of the medical specialties, AMA publishes 10 monthly specialty journals:

Archives of General Psychiatry, Archives of Dermatology, Archives of Otolaryngology, Archives of Environmental Health, Archives of Pathology, Archives

of Ophthalmology, Archives of Internal Medicine, Archives of Surgery, Archives of Neurology, and American Journal of Diseases of Children.

In the nonscientific publications field, the AMA publishes *Today's Health*, a monthly consumer magazine, and the *AMA News*, a fortnightly medical newspaper which reaches more physicians than any other medical publication.

Periodically the AMA publishes the "American Medical Directory," undisputed reference of the medical profession, giving biographical and educational information about all licensed physicians in the United States. This volume was first published in 1906.

Annually AMA publishes cumulated "Index Medicus, an index to medical books and periodical literature published throughout the world. This publication gives permanence to the medical literature of today, carrying forward the knowledge of this generation to the scientific workers of the ages to come.

"New and Nonofficial Drugs," a book published annually, contains a compilation of available information on drugs, including their therapeutic, prophylactic and diagnostic status, as evaluated by AMA's Council on Drugs.

The lengthy list of AMA publications, including pamphlets, reprints, and reports, earns for the association the title of one of the world's leading scientific publishers.

Scientific meetings.—AMA's annual and clinical meetings, held each June and December, are the most important postgraduate medical study sessions in the world. The meetings encompass some 400 scientific lectures; between 350 and 400 scientific exhibits; 300 to 400 industrial exhibits illustrating new drugs, equipment, and books; outstanding scientific films and special closed-circuit television presentations.

In addition throughout the year there are many seminars, symposia and other meetings of a postgraduate nature on specific topics.

Council, committees.—AMA makes one of its greatest contributions to medicine by gathering data on new products, new findings, and new methods—correlating, evaluating, and summarizing it—and channeling it to members.

A number of scientific councils and committees, each composed of leading physicians serving without remuneration, carry on this work with the aid of headquarters staff. Between 700 to 800 physicians, representing every section of the country, serve on these councils and committees.

The AMA councils on drugs, foods and nutrition, medical education and hospitals, medical physics, medical service, mental health, national security, occupational health, rural health, legislative activities, constitution and bylaws, scientific assembly and judicial matters.

There are AMA committees on cosmetics, medical aspects of automobile injuries, medical aspects of sports, medical practices, medical rating of physical impairment, liaison with national nursing organizations, medicolegal problems, voluntary health agencies, aging, Federal medical services, indigent care, insurance and prepayment plans, maternal and child care, medical facilities, alcoholism, hypnosis, narcotic addiction, disaster medical care, military medical affairs, aerospace medicine, fractures, and other equally important subjects.

In addition there are 17 residency review committees covering the various specialties, liaison committees and advisory committees in various fields.

Scientific assembly sections.—These include anesthesiology; dermatology; diseases of the chest; experimental medicine and therapeutics; gastroenterology and proctology; general practice; general surgery; internal medicine; laryngology, otology and rhinology; military medicine, nervous and mental diseases; obstetrics and gynecology; ophthalmology; orthopedic surgery; pathology and physiology; pediatrics; physical medicine; preventive medicine; radiology; urology.

Libraries and records.—AMA's medical library is comprised of an international collection of some 1,600 periodicals on basic medical science and clinical medicine and nearly 200,000 pamphlets and reprints. It offers free to members a periodical lending service and package library service.

AMA also "reads" hundreds of foreign medical journals for physicians, abstracting significant articles.

The association maintains a medical film library of more than 250 subjects and has the largest source file of medical films in the United States—more than 2,500 indexed references.

AMA's Department of Investigation has one of the largest collections of nostrums and quack gadgets and medicines in the United States and maintains the largest files existent on medical quackery.

AMA's records department keeps complete records on all licensed physicians. These information files are begun as soon as a student enters medical school and are kept for some years after a physician's death. These records are the most complete of any profession.

The association also maintains an extensive library of legal briefs on medicolegal cases plus other medicolegal information and materials.

Other AMA departments have films, exhibits, and extensive files on specific subjects.

What the AMA does.—AMA is a nonprofit, public service institution, organized to protect the public health and to promote the highest quality medical care for the American people. It helps physicians keep up to date on every phase of modern medicine and serves the American public in a thousand unseen ways each day.

The association's activities are many and varied.

To help physicians in their practice of medicine, the AMA—

Provides early unbiased information on all types of new drugs; evaluates physical methods and apparatus intended for the diagnosis, treatment and prevention of disease; sponsors two huge postgraduate meetings annually and many special symposia and conferences; publishes 11 scientific journals and a medical newspaper; maintains a physicians question and answer service; works for higher standards of internship and residency training; exerts leadership to solve medical problems as they arise and serves as a vast clearinghouse on scientific medicine; studies the ever-increasing problems related to the nonscientific side of medicine, probing questions and developing action programs; maintains extensive libraries and library lending services; provides office planning guides and practical aids; studies and reports on patterns of practice; publishes pamphlets for distribution to patients; serves as clearinghouse for information on State legislation of medical interest, and analyzes medical legislation introduced in Congress; keeps up-to-date records on all physicians; offers scores of other services designed to keep the physician abreast of the times and to help him practice the best medicine.

AMA assures high-caliber medicine by—

Waging constant war on medical quackery, helping educate the public about dangers of quackery and serving as source of information to Government agencies and others to help bring quacks to justice; inspecting medical schools periodically, evaluating curriculum, teaching staff, physical and clinical facilities and administration to maintain high standards in medical schools; cooperating with Joint Commission on Accreditation of Hospitals to maintain high hospital standards; promoting research; encouraging adherence to highest standards of medical ethics; initiating or supporting legislation which is in the best public interest; opposing legislation which in its opinion would result in lower quality health care.

AMA serves the public by—

Studying usefulness, limitations and health problems of cosmetic preparations; evaluating foods and special food products, pesticides and chemicals to assure safety; getting physicians into small communities and rural areas via placement service; answering between 12,000 and 15,000 personal letters on health subjects each year and using every medium of communications in its health education program for the public; inviting interested representatives from the public to attend conferences on rural health, industrial health, and school health; maintaining loan collection of health exhibits and films; encouraging high standards in advertising and labeling of foods and drugs; working closely with schools and educators to help provide for pupils' health needs; conducting public educational campaigns on traffic safety, use of seat belts, ways to reduce accidental poisonings and accidents and many other subjects; working with industry to control health hazards on the job, rehabilitation of disabled workers; alerting the public to the importance of preparing for any emergency resulting from a national disaster; helping rural communities improve their health environment; developing standards for nursing homes to assure safe care for patients; publishing Today's Health magazine; producing films, radio transcriptions, TV shows, and exhibits on health subjects; serving as a watchdog of medical standards.

AMA's accomplishments.—For more than a century, the American Medical Association has dedicated itself to furthering the interests of the Nation's health

and has developed a large number of activities, all of which directly or indirectly have contributed to making America one of the healthiest nations in the world.

Since its organization, in 1847, there has been no major public health problem in the United States in which the AMA has not played a significant role.

To enumerate all of the association's accomplishments would require a huge volume. Listed here are highlights of a cross-section of these contributions:

MEDICAL EDUCATION

Since 1847, AMA has worked to improve the Nation's medical schools. Its activities led to the housecleaning between 1905 and 1920 of medical "diploma mills." Since then, AMA and the Association of American Medical Colleges have periodically inspected all schools to make certain high standards are maintained.

Every year AMA compiles and publishes valuable data encompassing all facets of medical education.

It sponsors an annual congress on medical education and licensure.

As early as 1922, AMA recognized the need for more medical schools and has encouraged the expansion of existing facilities and the construction of new ones.

In 1871 AMA took the first step toward certifying boards for specialists.

Four years later it urged endowments to medical schools.

Financial assistance to medical schools is provided through the American Medical Association Education and Research Foundation. Since 1952 physicians have contributed more than \$11 million to aid medical schools. Total 1961 contributions were \$1,303,161.

The foundation has four additional programs: medical journalism fellowships, research grants, perinatal mortality and morbidity study, and a study of continuing medical education. AMA-ERF is developing a medical scholarship program and in 1962 inaugurated a loan program for medical students, as well as physicians in internships and residencies.

AMA approved "evaluation of the medical qualifications of the individual foreign-trained physician who wishes to come to the United States" and "considers certification by the Educational Council for Foreign Medical Graduates (formed in 1957) as evidence that the recipient of certification is possessed of medical knowledge comparable to that expected of graduates of approved medical schools in the United States and Canada * * *." To assure the best possible medical care for all the people, AMA expects graduates of foreign medical schools serving as interns or residents in U.S. hospitals to have been certified by ECFMG.

Because of these continuous efforts to elevate medical education standards, America's physicians are among the best trained in the world.

ACTION AGAINST QUACKERY

Carrying out one of the original purposes of AMA is the department of investigation which, since 1906, has carried on a relentless fight against quacks and charlatans and their nostrums and gadgets. The department, which has the largest files existent on medical quackery, has been most effective in revealing facts concerning unethical and fraudulent practices and in providing regulatory bodies with evidence leading to conviction. Consequently over the years AMA has been sued for several million dollars in damages. It lost but one case and damages of 1 cent were awarded.

GUIDANCE ON DRUGS

Another of AMA's major accomplishments has been its long and constructive influence in behalf of greater scientific accuracy and more dependable therapeutic agents. A year after AMA was founded, 1848, a resolution pointed out the dangers of universal traffic in secret remedies and patent medicines. AMA's leadership, backed by certain standards of discipline, brought about new concepts of pharmaceutical integrity. AMA's Council on Drugs was established in 1905, primarily to police the widespread drug advertising which promoted false claims and secrecy of formulas. To this day, AMA's publications have rigid standards governing the acceptance of advertising.

As early as 1849, AMA supported establishment of schools of pharmacy, establishment of a board "to analyze quack remedies and nostrums" and "to enlighten the public in regard to the nature and dangerous tendencies of such remedies." Passage of pure food, drugs, and cosmetics laws were in large measure attributable to effects of AMA. In 1905, the Council on Pharmacy and Chemistry was created to analyze drugs, publishing the results.

The AMA provides physicians with early unbiased information on all types of new drugs and prepares special reports on the current status of therapy in disease.

The council's motto "not for ourselves, but for medicine," characterizes its efforts over more than a half century in behalf of better medicine.

MEDICAL SERVICE

In 1943 AMA established a Council on Medical Service "to make available facts, data, and medical opinions with respect to timely and adequate rendition of medical care to the American people." The council's accomplishments have been numerous and noteworthy.

Its many constructive programs have included:

Development of voluntary health insurance and prepayment plans as the best mechanisms for paying for medical and hospital care. (AMA first began study of health insurance in 1913.)

Development of guides for revaluating medical care programs for those financially unable to pay their own way and continually seeking ways to improve existing plans while maintaining high quality care.

(The medical profession is dedicated to the provision of medical service for all, regardless of ability to pay. On the average, an M.D. donates about 12½ percent of his time to providing free care. In 1960 physicians gave approximately \$658 million in free medical care. Source: New Medical Material national survey.)

Better distribution of medical services through a physicians' placement bureau, programs to help communities to attract doctors, and a cooperative program with Sears-Roebuck Foundation to help M.D.'s set up practice in rural communities or small towns. Twenty doctors were placed in small towns during 1961.

Serving as a watchdog of medical standards for Government or allied agency health programs, offering guidance and endorsing policies and procedures which will provide best quality medical service in the long run.

Providing better patient care by working with other groups to maintain high hospital standards; by encouraging construction of nursing homes; by continually seeking ways to improve and expand existing programs for providing and financing care for the chronically ill; by supporting and helping to implement Federal-State legislation which enables every State to guarantee to every aged American who needs help the health care he requires; by drafting a positive health program for older citizens which included: stimulation of a realistic attitude toward aging by all people, promotion of health maintenance programs and wider use of restorative and rehabilitative services, extension of effective methods of financing health care for the aged, expansion of skilled-personnel training programs and improvement of medical and related facilities for older people, amplification of medical and socioeconomic research in problems of the aging, leadership and cooperation in community programs for senior citizens.

FOODS AND NUTRITION

AMA provided early leadership in the movement to make proper use of vitamins and minerals to improve the nutritive quality of staple foods. In 1915 it participated in helping improve the quality of milk supplied to the Nation. It played an important role in fortifying milk with vitamin D, which became a principal factor contributing to the decline of rickets in this country; in developing enriched flour, one of the notable public health movements of that decade; of developing iodized salt; fruit juices containing high natural levels of vitamin C, and canned baby foods.

Rapid expansion of the science of foods and nutrition since the turn of the century has been dramatic and far reaching in its applications and AMA made a vital contribution in this development.

ETHICAL CONDUCT

One of the paramount reasons for founding the AMA was to develop an accepted code of ethical conduct for physicians. The present AMA Principles of Medical Ethics have been evolved through the years by action of the House of Delegates. These principles, which are "not laws to govern but are principles to guide to correct conduct," contain much specific advice on how to maintain ethical relations with patients and with other physicians. They have been set down primarily for the good of the public, but they also serve as an inspiration to the physician to remain true to his oath.

In addition, the Principles of Medical Ethics are augmented by the interpretations of the AMA Judicial Council. These interpretations are published in the Journal of the AMA and compiled periodically in the Opinions and Reports of the Judicial Council.

BOARDS AND DEPARTMENTS

AMA has fostered public health facilities throughout the Nation. Eighty-nine years ago it urged establishment of State boards of health. Two years later it worked for formation of a complete system of State and county medical societies and an international medical society. As early as 1912, AMA urged establishment of a department of health in the President's cabinet, which later led to the Department of Health, Education, and Welfare. It also recommended creation of the U.S. Public Health Service, the Federal Food and Drug Administration, and in 1948 participated in the development of the World Medical Association.

SCIENTIFIC EXHIBITS

Physicians attending the 1899 AMA meeting saw the first scientific exhibit at a national medical meeting in this country. The exhibit was on pathology and caused so much comment that scientific exhibits soon became one of the most significant and important developments for the advancement of medical science. Today there are from 350 to 400 scientific exhibits at AMA's annual and clinical meetings.

HEALTH EDUCATION

In 1882 the AMA urged State legislatures to introduce hygiene as one of the branches to be taught in the schools. Today, through a long and mutually profitable joint committee with the National Education Association, it edits a standard textbook on the teaching of health in the schools. Its staff physicians answer questions on school health from educators and schools, it sponsors conferences on physicians and schools, and maintains a year-round school health program.

In 1878, AMA urged better education of the public in regard to health. Through continuing programs of public education and communication, the American people today know more about their health and how to preserve it than ever before. AMA's activities in this area include exhibits, films, pamphlets, radio and TV programs, Today's Health magazine, articles in newspapers and magazines, conferences and meetings, and a letter-answering service.

LEGISLATION

Another important way in which the AMA paves the way toward better health care for the people is by supporting sound medical legislation and by opposing measures which it believes would lower the quality of medical care or would not be in the best public interest.

Through its Washington office, legislative department, and council on legislative activities, it analyzes all legislation pertaining to medicine and health and supports far more legislation than it opposes.

In recent years, it has supported:

The Kerr-Mills medical aid for the aged law passed in 1960 and worked actively toward its implementation in the States.

Hill-Burton hospital construction programs.

The passage and strengthening of the pure food and drug laws.

The White House Conference on Aging in 1961.

FHA mortgage guarantees to stimulate construction of more nursing homes.

The principle of legislation calling for one-time Federal grants with no strings attached for construction of medical school facilities.

Civil defense programing and medical stockpiling.

Water pollution control laws.

Incentive for private retirement programs for the self-employed.

Smoke abatement laws.

Proper labeling of household chemicals.

Air pollution control law.

Tax deduction for medical expenses incurred on behalf of dependent parents over 65.

Grants-in-aid to universities, hospitals, laboratories and other public or non-profit organizations to strengthen their programs of research and research training in sciences related to health.

A bill which would provide for the regulation of interstate distribution and sale of hazardous substances intended or suitable for household use.

Endorsed the principle of a program of voluntary, contributory health insurance for Federal employees.

During the first session of the 87th Congress, AMA testified or submitted statements in support of four measures—Federal grants for medical school construction, tax deductions for the self-employed on funds used for establishing retirement programs, Defense Department appropriation for fallout shelters, safety standards for Government-purchased vehicles. AMA opposed three measures—King-Anderson proposals for medical care under social security, drug control bill, a proposal involving prescription drug advertising. Through the years, AMA has recommended hundreds of legislative proposals, including:

Recommended in the 1850's adoption by State governments of "measures for procuring a registration of births, marriages, and deaths." And since then has supported measures for securing standard nomenclature and more efficient reporting of vital statistics.

Its efforts paved the way for passage of food, drug, and cosmetic laws.

Supported the medical examiner system to replace the antiquated coroner system.

Recommended in 1874 that people should not be allowed to marry until they obtain a certificate showing that they did not have syphilis.

In 1903, AMA was concerned about excessive injuries caused by fireworks and started a campaign which led to laws regulating the use of fireworks in celebrating the Fourth of July.

It opposed repeal by Congress in 1916 of the Daylight Saving Act expressing an opinion that the act was "wholly beneficial to national health because it lengthened the hours of recreation in the open air."

In 1874, it determined the most feasible plan for securing legislation to prevent the spread of syphilis.

As early as 1884 it supported experimentation on animals as the most useful source of knowledge in medical practice. (If policies of restriction and prohibition had been followed, they would have forbidden the discovery of antitoxin, insulin, and a number of other valuable agents whose therapeutic properties were humanely demonstrated on laboratory animals.)

It recognized the weakness in the antinarcotic law of 1914, which permitted sale and use of narcotics when contained in proprietary and stock preparations, and urged Congress to amend the law. Its close review of all health legislation has resulted in similar findings through the years.

In 1860, it urged action by legislatures in every State against illegal abortion.

AMA also has proposed model laws for consideration by State legislators such as measures to authorize post mortem examination and blood test regulations.

Since passage of a law is just one step toward putting it into effect, much of further interpretation of the law, promulgation of regulations, and determination of practical policies fall to the administrative agencies concerned. AMA works closely with these offices in an advisory capacity—just one further indication of its concern for the advancement of public health in America.

MISCELLANEOUS

Other AMA accomplishments include encouragement of medical scientific research and its own allocation of hundreds of thousands of dollars for fundamental investigations; one of five organizations making up the Joint Commission on the Accreditation of Hospitals which is responsible for the inspection of hospitals; inspection and approval of schools for laboratory technicians, occupa-

EXHIBIT 2
[Chicago Tribune, January 8, 1953]

Real Relief from CONSTIPATION After 35

As you get older, your system naturally slows down and the laxative you've been using may no longer be best for you. That's why you should try SERUTAN, the all vegetable laxative aid that acts like fruits and vegetables to help keep you regular — contains no habit forming drugs.

If you're over 35 get SERUTAN and discover the better way to get real relief from constipation.

Buy the economy size at your drugstore and save over 16%!

SERUTAN
READ IT BACKWARDS*



OVER 35 and CONSTIPATED?

Small Change in Your
Daily Diet May End
Constipation Worries

Just two teaspoon-
fuls of Serutan in
water give you the
same effective laxa-
tive action as 7
apples, 11 peaches,
or big bunch of car-
rots. Try Serutan —

watch daily regularity begin to return in
just 3 days — or double your money back!*

SAVE OVER 16% — Buy Economy Size!
*When taken daily as directed



SERUTAN

"Read it Backwards"

ON SALE AT ALL
WALGREEN DRUG STORES

Doctors Now Recommend Special Formula for CONSTIPATION AFTER 35!



In a recent survey, 8 out of 10 doctors recommended the Serutan principle for constipation relief after 35.

Serutan is particularly effective for middle-age irregularity because it is highly concentrated vegetable hydrogel, the laxative ingredient nature put in fruits and vegetables to help your system func-

tion regularly. Just 2 teaspoonfuls bring you the same laxative benefits as 7 apples or 11 peaches. Doctors recommend Serutan. Get it at your drugstore.

SAVE OVER 16%
Buy the Economy Size!

SERUTAN
READ IT BACKWARDS*



tional therapists, physical therapists, X-ray technicians, and medical record librarians; early studies and recommendation for preventive measures for controlling diphtheria, typhoid fever, cholera, smallpox, tuberculosis, and other diseases that caused epidemics in the last century; endorsement of the principle of fluoridation of community water supplies; condemnation as dangerous the indiscriminate administration of stimulants such as amphetamine and its derivatives; its work toward prevention, amelioration, and treatment of athletic injuries; first to recognize the refrigeration method of anesthesia; its studies and reports on devices manufactured and sold for use in physical medicine; its work in the fields of traffic and industrial safety. (In 1954 the AMA recommended to automobile manufacturers that they consider equipping all cars with safety belts, that they give increasing emphasis to safety in design of all cars.)

The AMA has developed, and brought to maturity, scores of other constructive reforms and advancements, all of which are part of the printed record.

The American Medical Association stands for honesty and fairness and is unalterably and eternally against fraud and deception in all that relates to the health and physical welfare of the people.

[From Today's Health, October 1960]

EXHIBIT 3

LAXATIVES: A \$148 MILLION FRAUD?

(By Charles W. Hock, M.D.)

It is estimated that 6 out of every 10 Americans take laxatives or enemas frequently. A minimum of 100 million persons in our Nation have come to rely on such unnatural elimination aids.

In 1958, says Drug Topics magazine, \$148,880,000 was spent by Americans for laxatives and elimination aids alone. The surest smiles of satisfaction resulting from these dollars were on the faces of laxative promoters as they totaled up sales.

Old-fashioned habits, half-truths, and incorrect beliefs, and today's advertising have brainwashed the American public to accept the idea that a daily bowel movement is a necessity for everyone.

Your doctor knows nothing could be further from the truth. He knows a daily bowel movement is not essential for many people and trying to bring it about can be dangerous.

While most people do have a bowel movement once a day, this is normal for them rather than being a requirement. If a person does not normally have a bowel movement every day, it is a mistake, and even dangerous, to force this abnormal "normality."

Daily, pediatricians are seeing children who have scarcely ever had a normal movement. Many of the mothers have made such a fetish of early toilet training and "regularity" they insist on giving soap (or other) suppositories to the infant at a certain time each day to "train" the child to have a movement at that particularly convenient (for the mother) time.

Other mothers rely on such aids because they think the child is feverish, catching cold, cranky, or for a variety of other symptoms, most of which do not essentially have to do with evacuating the bowel.

It does not take long for an infant's intestinal tract to rely on assistance. After long use of laxatives and enemas, the bowel becomes lazy and expects to be stimulated into action.

All too often physicians see persons who have been dosing with laxatives, purges, or taking enemas when the long-endured constipation was actually a sign of far-advanced rectal cancer.

Why do Americans worry so much about "regularity" (as they call a daily bowel movement)? This idea has been swept down the ages on a tide of patent medicines.

In ancient times, purging with strong herbs was a part of certain religious ceremonies; the earliest physicians used laxatives and purges to a wide extent. This treatment was continued by many physicians in the latter part of the 19th century.

As recently as 1895, a home guide, "The People's Common Sense Medical Advisor," warned, "If fecal matters are retained until they are decomposed, great injury follows, since the fluid portions are absorbed, conveyed into the

blood, and of necessity, corrupt it with their impurities. In this way, constipation may be the source of general derangement, but such disorder is seldom attributed to the torpid state of the intestine.

"Sometimes the blood becomes so charged with fecal matter that its odor can be detected in the breath of the subject."

With such "medical guides" on hand, and with the doctors relying on enemas and laxatives, it is little wonder the American public became laxative and enema conscious. The public rapidly took up this "treatment" and administered it frequently.

Purveyors of patent medicines rapidly replaced home-brewed laxatives with their own nostrums.

In the early 1900's, medical science proved poisons and toxins would not be absorbed from the bowel.

Unfortunately, however, by this time the public had "learned" about laxatives and enemas. They had (with the help of patent-medicine and health-food advertising) become convinced that a daily bowel movement or "regularity" was a vital necessity.

Today, we know a person is constipated only when the bowel movement is hard and dry, and in the shape of balls. Constipation has nothing to do with the length of time that has elapsed between movements.

The retention of fecal matter in the colon for long periods of time has been noted on many occasions. One of the best known examples in recent times was an American general during his imprisonment by the Japanese. He went over 100 days without having a bowel movement and without any ill effects that could be attributed directly to this.

Unless American women now awaken to the danger of self-medication and continued treatment with laxatives and the use of frequent enemas, cases such as that of Helen H. will become even more common in years to come.

Helen was born in an average American home, had an average childhood and early adulthood. Her mother, however, was a great believer in laxatives or enemas for any and every condition.

Helen had rather frequent headaches when she was in her teens. These headaches occurred when she became nervous or tense before an examination, before a date with a new boy friend, or under many of the situations a normal young girl encounters.

Whenever Helen had one of these tension headaches, her mother promptly gave her a laxative, telling her, "It will clean out the body. Your head aches because you are constipated."

If Helen had an examination at school and woke in the morning with a headache, her mother gave her a laxative. Helen took the examination, her headache subsided, and that afternoon, the laxative worked—and was given credit for curing the headache.

The frequency with which such laxatives were taken was gradually increased until now, at the age of 24, Helen is, or thinks she is, absolutely dependent on laxatives.

The result of her mother's teaching is that Helen now has a "reflex headache" which will come on her each time the rectum is filled and she does not promptly evacuate it.

During a recent conference, I asked my colleagues if they, too, were seeing an increase in patients who were "addicted" to laxatives or enemas.

Some of these physicians claimed that as high as 90 percent of their patients were using such aids to extremes. The consensus was that people today must be taught to leave their digestive and elimination systems alone.

There are also patients who complain that although they are "regular," they do not eliminate enough. Bob is such an example. He was not originally bothered with "irregularity." He simply worried that his movements were not "large enough." Aided and abetted by his wife (and perhaps at her complete insistence), Bob undertook to help himself have larger bowel movements. He started with laxatives.

The first day, Bob got "good results." On the second day, there was no movement, nor was there on the third day, so Bob and his wife convinced themselves that he was "constipated."

He did not know that when his harsh laxative cleaned his intestinal tract on the first day, he could expect to wait 3 days until a normal movement could occur. Bob did not give his intestines a chance to act on their own. It normally takes 2 or 3 days for a meal to pass through the processes of digestion, through the intestinal tract and into the rectum for evacuation.

Instead of waiting, Bob took additional laxatives. He progressed to stronger laxatives, and finally to "high colonic" enemas. In time, his large intestine became lazy and expected the laxatives and enemas to do its work.

Some patients could literally take a dose of epsom salts, castor oil, and calomel at the same time, and still not get an elimination from these harsh laxatives.

While the patent medicine men have had their field day selling laxatives and purgatives, the chiropractors, naturopaths, and food faddists have found a new wealth in the American worry over "regularity."

The giving of massive enemas (usually referred to as "high colonic irrigation") gives patients "results" right in the office. I know of one practitioner who had various contraptions of glass and plastic tubing to show the patient the excrement as the practitioner said, "Now here is the fried fish you ate some months ago. It has been in there all the time, poisoning your system."

The uneducated and unwary believe this. Even if the patient does not feel "relieved" of his symptoms, he at least feels pounds lighter after the treatment.

In most States, these practitioners have been forbidden the right to perform surgical operations and the right to give radical treatments of most types. There is no legislation that can forbid them the right to give enemas complete with glass and plastic "viewing" contraptions.

Food faddists are often as dangerous. Many harsh bran foods sold for "regularity" simply do added damage to the hesitant intestinal tract by roughly forcing the contents along.

Genuine constipation is generally caused by overactivity of the digestive tract rather than underactivity. Worries and anxieties often cause the bowel to move too fast and go into spasm or cramp. When the bowel does go into a spasm or a cramp, constipation results. This spasm or cramp may be so slight it will not cause pain, but will prevent the intestinal debris from moving down the large bowel (colon) at the rate it should, and the bowel movement progresses too slowly into the rectum. During this slow passage, the waste matter has excessive water taken from it and becomes hard and dry. If the bowel moves too fast but does not go into a spasm, the patient will usually have diarrhea.

Another worry of many patients is the color of the movement. This will vary greatly depending upon the foods eaten and upon other factors. Only in two major instances is the color significant. One is a "tarry" bowel movement, which is black and shiny like tar, due to bleeding in the gastrointestinal tract. The second is a clay-colored movement (a grayish white) generally present when a person has some disease of the liver, gall bladder, or pancreas. In either case the family doctor should be consulted without delay.

The family doctor should be consulted if real constipation does occur; if the bowel movements are hard and dry and in the shape of balls.

The doctor will make certain there is no associated organic disease by taking a complete history and making a physical examination. This examination may include blood counts, urinalysis, proctoscopic examination (an examination of the inside of the rectum) and in many instances X-rays of the upper digestive tract, and an X-ray examination of the colon. In some cases, X-rays of the gall bladder and other examinations also may be needed.

The doctor's treatment for constipation will be simple and effective when his studies show there is no organic disease present.

Instructions to patients are simple:

1. Drink at least eight full glasses of water a day to assure enough water for the body's needs and for the stool to have an adequate amount of water to be soft. A normal bowel movement is approximately 65 percent water, and many patients have never developed the habit of drinking enough water. The body will not allow the bowel to keep water if it is needed or some other vital organ or function of the body.

2. The patient's diet must contain an adequate amount of protein, carbohydrates, and fat, and should contain two or three dishes of cooked or canned (already cooked) vegetables and two or three dishes of cooked fruits. The diet should avoid fried foods, highly seasoned foods, and the irritating or bulk producing foods, including many raw fruits and vegetables, alcohol, carbonated beverages, many "greens" and irritants such as bran.

3. The patient must give up all "medications" of his own.

In the majority of instances, the surest (and fastest) treatment for "constipation" and "irregularity" is simply to let the digestive system pursue its normal course.

[From Today's Health, November 1962]

EXHIBIT 4

AMERICA'S LAXATIVE ADDICTS

BRAINWASHED BY MISLEADING ADVERTISING, AMERICANS SPEND \$146 MILLION A YEAR ON LAXATIVES, YET THEIR INDISCRIMINATE USE IS FOOLISH—SOMETIMES DANGEROUS

(By J. D. Ratcliff)

Certain radio and TV "bathroom commercials," milestones of bad taste, drum relentlessly on the virtues of "regularity"—suggesting that radiant good health, new vigor, and clear skin are to be achieved by taking some patented medicine. Newspaper and magazine ads stress the same theme.

Result? Says one doctor: "We are becoming a nation of bowel neurotics." Adds another: "The ill effects of the abuse of laxatives and purgatives are far greater than the imagined ill effects of constipation." Writing in Today's Health (October 1960), Dr. Charles W. Hock observed: "Americans have been brainwashed into accepting the idea that a daily bowel movement is a necessity."

Various surveys suggest that as many as 100 million Americans have become laxative addicts. Sales figures tend to confirm this. In 1950, sales stood at \$125 million. Figures collected by Drug Topics indicate sales of \$157 million in 1960. Last year the American people spent \$162 million for laxatives.

Indiscriminate use of laxatives is foolish, sometimes dangerous. They interfere with the proper absorption of foods in the small intestine, and resorption of critically important sodium and potassium in the large intestine. Mineral oils pick up such oil-soluble vitamins as A and D and sweep them out of the body; and all laxatives depress production of the B vitamins by bacteria which normally inhabit the large intestine.

At times, laxatives mask more important diseases in which constipation is a symptom. For example: intestinal diverticula—pouchy traps that sometimes form along the intestine—become impacted with food, then infected. Or, laxatives can muffle the alarm signals of kinked intestines, ulcers, and sometimes even cancer.

Many widely used laxatives are powerful irritants. If used regularly they overstimulate intestinal muscles to a point of flaccid exhaustion—normal activity is no longer possible. Thus, they actually cause the constipation they are supposed to combat.

Seventeenth century physicians had few medicines on which they could depend for quick, visible results. Purges were prescribed for virtually all patients—on the theory that if recovery followed, the doctor would get credit, and if not, no harm would be done.

Early this century public imagination was captured by "auto-intoxication"—the theory that retained intestinal wastes poisoned the blood, led to headache, fatigue, and other misery. Wiser physicians pointed out that if a true systemic poisoning were present it wouldn't vanish with a bowel movement—any more than a drunk is instantly sobered by vomiting. Any poisons that are present are converted into harmless compounds and disposed of by the liver and kidneys.

Experimental proof was presented. Lower segments of colons of volunteers were packed with sterile cotton—enough to produce distention. Obviously, the cotton contained no poisons but it produced the same headachy symptoms as "auto-intoxication." Distention alone, it became clear, was the culprit.

Although discredited years ago, the idea of "poisons" in the intestinal tract still retains a firm grip on the public mind. Millions of people believe that the colon (large intestine) requires regular flushing. Preoccupation with such notions often produces bowel neurosis.

Writing in the Journal of the Medical Society of New Jersey, Dr. Charles M. Lewis observes of bowel neurotics: "They are convinced that without one movement a day they are doomed to a life of invalidism. Many are satisfied only with three or more to be certain that 'each meal is eliminated.' These patients must learn that regularity varies. There is no universally normal pattern. It is not unusual for an individual to have only one movement a week."

A clearer understanding of our remarkable inner tubes—intestinal tracts—can do much to dispel many of the false ideas some laxative manufacturers find it profitable to perpetuate. For all practical purposes the tract is apart from the body—in the sense that a tunnel through a mountainside which has

none of the watercourses, root structures, or mineral deposits of the mountain itself is apart from the mountain.

Many things which are harmless in the intestine—acids, alkalis, bacteria—could not be tolerated by the blood or by organs “inside” the body. Even deadly rattlesnake venom is harmless in the digestive tract.

Nature displayed her usual generosity in providing us with 20–25 feet of small intestine. We can get along quite comfortably with far less. Most surgeons deem 5 feet sufficient to care for all bodily needs and in some extreme cases have left as little as 14 inches after extensive cancer surgery. Yet, after stormy recovery periods, many such patients have adjusted to new conditions and managed comfortably.

Although the small intestine looks like a singularly unimpressive sausage casing, it is in reality a remarkable chemical factory. Injected into the blood stream, a meal of steak, potatoes, and pie would be deadly as cyanide. The small intestine breaks down such foods into components which can be utilized by tissues and organs.

With the help of a daily pint to quart of bile from the liver, plus an equal amount of digestive juice from the pancreas, the small intestine performs chemical magic—converting starch into usable sugars, proteins into amino acids, and fats into fatty acids. The process is speeded by 5 to 10 quarts of daily secretion from the small intestine's 20 million minute glands.

Foods are churned by the tubular mixing bowl's intricate complex of muscles. Churning motions will continue, for example, for perhaps 30 minutes in a segment a few inches long. Then the food is moved along by peristaltic muscles—their action is much like that of running a finger over a soft rubber tube. Then mixing continues in the new location.

Millions of microscopic villi in the lining of the intestine absorb digested proteins and carbohydrates into the bloodstream, and fats into the lymphatic system.

The time required for the small intestine to work its chemical wonders varies—maybe as little as 3 hours, possibly as long as 15. But eventually a gruel, from which virtually all food has been removed, reaches the large intestine. At this point the gruel consists almost entirely of mucus and cells shed from the intestinal wall, plus undigested food residues.

In the 5- to 6-foot large intestine, events proceed at a more leisurely pace—its digestive function requires 3 to 4 hours, sometimes more. While the small intestine is largely sterile, the large one teems with bacteria. Most are friends, not enemies—manufacturing the valuable B and K vitamins, possibly others.

The chief function of the large intestine, or colon, is to extract water and salts from the material received from the small intestine. But for this, the body would be thrown out of its critically important fluid and mineral balance. Indeed, most of the babies who die of infantile diarrhea perish from dehydration—food passes through the large intestine so rapidly there isn't time for it to extract the water. When laxatives push foods through the large intestine too rapidly, precious potassium is lost. If the loss is mild, nothing more than muscular weakness is felt. If severe, breathing muscles and heart may be hit.

Once its work is done, the large intestine passes residues along to its final 6-inch segment, the rectum. This glistening pink tube is insensitive to heat, to pinching, to electric shock. But it is sensitive to distention. Normally empty, it reacts when filled with the end products of digestion. With distention it sends out an alarm signal, triggers the defecation reflex. We become conscious of the fact that there are wastes to be disposed of.

This is the chain of normal activity along the intestinal tract. Many things can upset it. Nervous tension and anger are prime offenders. Long ago, researchers observed the intestinal churning of a cat on a fluoroscope screen. When a barking dog was brought into the laboratory all digestive activity ceased.

With help of a sigmoidoscope—a tubular instrument with which it is possible to look directly into the colon—researchers took observations on medical student volunteers. When the students were angered or worried, the normally pink tube became beet red, went into board-like spasm. Such spasm—now dubbed “irritable colon”—slows or halts normal bowel activity and allows the lower intestine to absorb too much fluid from wastes passing through it. Constipation may follow.

Today, doctors tend to believe that worry is the chief culprit. Further, they believe that excessive worry about elimination can be the chief cause of constipation. TV commercials and alarmist ads in newspapers and magazines, of course, encourage us to have these worries. Observes Dr. Sanford M. Lewis of Newark, N.J.: "It is not the colon which needs treatment but the man who surrounds it."

In the typical case, a person frets about missing a movement for a day or so. A laxative is taken, which empties the entire tract. Most people fail to realize that it will take perhaps 3 days for the tract to again fill and resume normal function. Noting lack of activity during this period, the person takes another laxative. Thus the first steps toward becoming a laxative addict are taken.

Laxatives and cathartics fall into three general classes: mineral oils, which act as mild lubricants and stool softeners; saline cathartics (epsom salts, citrate of magnesia, and mineral waters), which draw water from the tissues into the intestine; irritating drugs, which inflame the intestinal wall, causing increased motility (cascara, senna, and phenolphthalein, which are widely used in patented drugs).

All have essentially the same drawback in varying degree. With continued use, natural function diminishes and, in extreme cases, disappears. Thus the individual finds it necessary to use these products almost daily to obtain an evacuation of the digestive tract.

The misuse of these drugs is beginning to assume truly alarming proportions. A study quoted not long ago by Britain's Consumer's Association showed that a fourth of mothers questioned gave children laxatives on a regular basis—whether they needed them or not. Reason: They wanted to prevent constipation. Many adults subscribe to the same fallacious notions, feeling that they need a "cleaning out" at regular intervals. Nothing, of course, is "cleaned." All that is accomplished is the disruption of the vitally important digestive process.

Where the medical profession once prescribed cathartics freely, caution is the rule today. Dr. Alastair G. Macgregor of the University of Aberdeen, Scotland, expresses the view of the great majority of physicians: "The efforts of doctors are far more likely to be directed to correcting faults caused by the abuse of purgatives than to prescribing them."

There are, of course, situations in which the use of laxatives or the more powerful cathartics is perfectly valid: emptying the intestinal tract in preparation for X-rays or surgery; in hospital patients whose digestions have grown sluggish from lack of exercise; in many older people whose digestive tracts have been so abused that normal function is no longer possible. If the use of laxatives were restricted to cases of this type, sales would be only a minute fraction of what they are today.

How can the insidious laxative habit be broken? Doctors usually advise ample fluids, perhaps six glasses of water a day; a diet containing ample quantities of cooked fruits and leafy vegetables to provide roughage; and the immediate response to nature's call when it comes. Repeated postponement can, indeed, actually lead to constipation. The body is an orderly machine and welcomes an orderly regimen.

Increasingly, doctors are stressing a point which should be a guiding principle for all of us: Let the intestinal tract alone. It is quite capable of taking care of itself. And if difficulties do arise, go to a doctor. He is better able to prescribe than some advertising pitchman.

EXHIBIT 6

MEN PAST 40

**Afflicted With Getting Up Nights,
Pains in Back, Hips, Legs,
Nervousness, Tiredness.**

If you are a victim of the above symptoms, the trouble may be due to Glandular Inflammation. A constitutional Disease for which it is futile for sufferers to try to treat themselves at home.

To men of middle age or past this type of inflammation occurs frequently. It is accompanied by loss of physical vigor, graying of hair, forgetfulness and often increase in weight. Neglect of such Inflammation causes men to grow old before their time—premature senility and possible incurable conditions.

Most men, if treatment is taken in time, can be successfully NON-SURGICALLY treated for Glandular Inflammation. If the condition is aggravated by lack of treatment, surgery may be the only chance.

NON-SURGICAL TREATMENTS

The NON-SURGICAL New Type treatments used at the Excelsior Medical Clinic are the result of discoveries in recent years of new techniques and drugs plus over 20 years research by scientific technologists and Doctors.

The Excelsior Medical Clinic is devoted particularly to the treatment of diseases of older men. Men from all walks of life and from over 1,000 communities have been successfully treated here at Excelsior Springs. They found soothing and comforting relief and new health in life.

EXAMINATION AT LOW COST

When you arrive here our Doctors who are experienced specialists make a complete examination. Your condition is frankly explained and then you decide if you will take the treatments needed. Treatments are so mild hospitalization is not needed—a considerable saving in expense.

Write Today For Our ♦

The Excelsior Medical Clinic has published a New FREE Book that deals with diseases peculiar to men. It could prove of utmost importance to your future life. Write today. No obligation.

RECTAL-COLON

Are often associated with Glandular Inflammation. These disorders, we can successfully treat for you, at the same time we treat Glandular Inflammation.

REDUCIBLE HERNIA

Is also amenable to a painless Non-Surgical treatment that we have developed. Full details of this treatment given in our Free Book.

FREE
ILLUSTRATED
BOOK



**EXCELSIOR
MEDICAL CLINIC**

Dept. 81151

EXCELSIOR SPRINGS, MO.

Gentlemen. Kindly send at once your New

FREE BOOK. I am _____ years old

NAME _____

ADDRESS _____

TOWN _____

STATE _____

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RUPTURED

BE FREE FROM TRUSS SLAVERY

Surely you want to THROW AWAY TRUSSES FOREVER, be rid of Rupture Worries. Then Why put up with wearing a griping, chafing and unsanitary truss. For there is now a new modern Non-Surgical treatment that is designed to permanently correct rupture. These Non-Surgical treatments are so certain, that a Lifetime Certificate of Assurance is given.

Write today for our New FREE Book that gives facts that may save you painful, expensive surgery. Tells how non-surgically you may again work, live, play, love and enjoy life in the manner you desire. Write today—Dept. H-1105, Excelsior Medical Clinic, Excelsior Springs, Mo.

AN LEGION MAGAZINE • DECEMBER 1958 • 45

EXHIBIT 7

Arthritis Research "Pays Off"

Miami, Fla., Aug. 29, 1960 . . . (Special) . . . Before the end of 1960, tens of thousands of arthritic sufferers will have the opportunity of learning of Miami's most nationally known institution specializing in the correction of arthritis.

Almost one-half million dollars have been "earmarked" by the Coleman Institute to give the arthritic victim a highly specialized service . . . a service already proven and recognized, but supplemented by scientific techniques which were discovered and developed by its own professional staff.

As a health service, the Coleman Institute has prepared a valuable and authentic 24-page book on its specialization and will mail it without cost or obligation to sufferers who need help.

Learn what might be done for you! Send for your FREE BOOK today! You may bless the day you did!

Address: Dept. 51, 10800 Biscayne Blvd., Miami 38.

Opening in Miami Area
on September 15.

ADVERTISEMENT

Men Past 40 Given New Hope

Miami, Fla., Aug. 28, 1960 . . . (Special) . . . Prostate victims can now look to a new, proven avenue of hope.

Almost a half-million dollars have been "earmarked" to give the sufferer the advantage of the most modern, scientific examining and treatment equipment recognized by the country's leading doctors, hospitals and clinics.

These facilities, supplemented by specialized techniques discovered, developed and practiced by its doctors, enable the Coleman Institute to bring the prostate victim a PROVEN non-surgical method of treatment not to be found elsewhere.

As a health service, the Coleman Institute has prepared a valuable and authentic 24-page book on its specialization and will mail it without cost or obligation to men who write for it.

Learn what might be done for you! Send for a FREE COPY today! You may bless the day you did!

Address: Dept. 11, 10800 Biscayne Blvd., Miami 38.

EXHIBIT 8

PUBLISHED IN THE PUBLIC INTEREST FOR BETTER HEALTH

**HERE IS
CONQUERED
HEALTH**

: PROOF

10800 Biscayne Blvd.

COLEMAN CLINIC NEWS

PH. PL. 4-2614 • PL. 4-2615

ARTHRITIS VICTIM CLAIMS 'CURE'

ARTHRITIS, AGE OLD PROBLEM

Arthritis is one of the oldest forms of human ailments--evidences of which have been discovered in prehistoric skeletons and Egyptian mummies. It apparently has resisted the efforts of physicians throughout the ages to find a successful method of combating its ravages. Even today, great differences of opinion exist among well-known doctors, as to whether the patient in such a condition should be given rest or have exercise during the course of an arthritic attack.

Arthritis is no respecter of persons. The rich and the poor--the workers and the capitalist--the saint and the sinner--all fall under its insidious spell. Although the victim may be aware of its cause, arthritis--unlike many other chronic diseases--carries no stigma of reproach to the average individual--of sin committed or health rules broken. Many of its worst victims have lived blameless lives and been stricken without apparent reason.

The main thing to do when Arthritis strikes, is to fight it, and such a fight, when properly directed, can be successful in spite of the predictions of many ill-informed physicians. It is a good thing to remember that it is not given to any physician the wisdom to declare any arthritic condition incurable. Hundreds--yes, thousands--of so-called incurable arthritics have been restored to health or their conditions improved, to confound these doleful jeremiads.



Mrs. Hollingsworth (left) is shown here embracing her sister, Mrs. Ross (right) who came for similar help. The radiance of health shown in this recent photograph speaks for these two lovely people.

THIS IS HER OWN STORY

For two years prior to reading about and coming to your wonderful Institution, I was miserable with arthritis. I had just about decided to give up, buy a wheelchair and just stay in it.

However, after my arrival at the Coleman Institute for examination, and following my first day of treatment, I felt God was present and helping you to perform the many, many wonderful treatments which brought me back to health and hope; in fact, I am not going to say I was helped... I am going to say I was CURED.

After completing my series of treatments, I was so enthused that I got in touch with my sister, and at the present time she is going through the same program as I did.

I could say a great deal more about how wonderful your place is and how nice each and every one of your staff has been to me, but the main thing is, thank God and your wonderful system.

I have a happier and healthier future to look forward to in my Golden Years. I am, as my records will show, going into my 78th year, and I now feel no more than in my mid-fifties, and everyone tells me I look no more than that.

Gratefully yours,

Thelma H. Hollingsworth
538 Rhode Island Avenue
Norfolk 8, Virginia

Patient Scolded By Doctor--Takes Clinic Treatment Against Advice

Before entering your Institution in October, 1960, I was suffering from arthritis, with considerable pain, and my whole body was affected with the exception of my feet. I also had a heart condition and was advised by my doctor not to take clinical treatments--that my heart was too weak.

After taking three weeks of your treatments and medications, I am very happy to say my arthritic pains are gone and I am enjoying very good health.

Any arthritic people contemplating your Institute's treatments, and are in any way skeptical and would like to talk with someone who has profited from your Institute's treatments, give me my address.

I would like to have everyone reading this testimonial know that I will be forever grateful to the doctors and their staff for their knowledge of arthritis that most people feel you have to suffer with.

Respectfully,

Charles E. Parker
Rte. #2, Box 165
Lake Worth, Florida

The Heart May Not Propel the Blood

Our findings indicate that the heart does not propel the blood through the 62,500 miles of blood vessels in the body; that its function is to assure not the blood in proper quantities and at proper intervals to keep it flowing constantly and evenly through every part of the body; that the heart,

though the strongest and most dependable organ in the body, of 500 million red, and millions of often-blamed-for-misery and other blood cells constantly coursing through 62,500 miles of blood vessels; that it is actually less reliable than some 1,325,000 of an inch thick organs in the body to start functioning and usually the last to stop; that its failure is often body would reach 24 thousand more the in its of disease in miles into the sky, and played other organs than in itself.

For instance, m.w.s, or four and two-thirds turns around the earth.

HAD LOST ALL HOPE; GETS NEW LEASE ON LIFE



I have been suffering from arthritic pains for many years and other ailments caused by complications, and visited many doctors for treatment but to no avail. I had given up hope to be myself again, until recently, when I met a lady, of a middle age, who had the benefit of the treatment at the Coleman Institution. The lady in question recommended highly your Institute and I decided to try again.

Your treatment and tender care afforded me, brought me back to health, within three weeks, for which I am forever grateful and will not hesitate to recommend your splendid service to any one, stating that I would be doing work of mercy.

Nellie J. Chowdhry
Route 5, Box 310
Ocala, Florida

COLEMAN CLINIC NEWS

WHAT IS ARTHRITIS

The word "Arthritis" is used to describe a painful and inflammatory condition of the joints and muscles. It is one of the oldest forms of ailments — proof of its existence having been found in the skeletons of prehistoric man.

Arthritis can be manifested by either intense pain or by just a gradual stiffening of the joints, without any evidence of pain.

Yet, as you will read later, arthritis is not a disease within itself. It is merely a symptom of one or more systemic malfunctions.

A number of highly technical words have been "coined" to distinguish between the various forms of arthritis so, before indulging in the systemic malfunctions, we will "brief" the reader on the most commonly diagnosed types of arthritis.

RHEUMATOID ARTHRITIS

Takes into its broad category, Atrophic, infective, proliferative, deformans, Marie Strumpelli, Still's disease, psoriatic and psorotic.

Generally, even though the course of rheumatoid arthritis is marked by lulls between attacks, permanent crippling deformity of extremities is an outstanding characteristic.

More often than not, the joints involved become stiff and there is usually a contraction of the tendons which results in varying degrees of twisted or gnarled crippling of the area involved.



Rheumatoid Arthritis

OSTEO ARTHRITIS

This commonly known form includes Hypertrophic, degenerative, climacteric, senescent, diffuse, malum coxae senilis, Heberden's nodes, static and menopausal.

These forms of arthritis are insidious at the onset which is always gradual; that is, over long periods. It is most evident in persons over 40 years of age although, as in any-



Osteoarthritis

thing else there are exceptions to all rules.

Constitutional disturbances are seldom a characteristic of osteo arthritis. Rarely is inflammation noted; deformity is not marked, muscular atrophy is only from disuse, soft parts are not swollen, there is little or no pain and complete crippling is rare. Symptoms are usually first observed by "cracking" sounds in joint areas and slight deformation of the index and middle fingers may be the first "sites of attack."

MIXED FORMS OF ARTHRITIS (Gout)

There are many joint diseases which are traceable to specific etiology. Metabolism,



Hypertrophic Arthritis

or gouty arthritis, comes under this heading.

Gout is considered a "man's disease" since 95% of those afflicted are men. It is most common in the great toes but is also manifested in the smaller toes and fingers, as well.

The symptoms are usually characterized by a soreness and puffiness, along with stiffness of the joints involved. The attacks are usually acute and pain is severe.

While there usually are complete remissions between attacks, the condition can develop to a point where secondary changes may take place and cause the joint to become deformed.

BURSITIS

Most authorities do not consider bursitis a form of arthritis. However, our doctors find that the causes of bursitis are not unlike those which are attributable to arthritis.

Bursitis has been termed "frozen shoulder" because the shoulder becomes quite limited in its motion. Excruciating pain is oftentimes experienced when the shoulder is "aggravated" by movement. It is worse at night and prevents the sufferer from restful sleep.

ARTHRITIS IS CORRECTABLE!

Yes, if taken in time... before permanent damage has had a chance to exact its toll... arthritis can be corrected.

It must be considered, of course, that the causes respon-

sible for and contributing to the arthritic involvement must first be ascertained and, when treatment processes are outlined, these causes must be treated at the same time.

Secondly, if structural changes have taken place as a result of the primary causes, they must be repaired insofar as possible.

Finally, during the process of correction, symptomatic relief must be given so the patient will suffer no undue pain.

Even though relief of the symptoms may offer blessed relief, it is the least important objective for, unless the causes are corrected, results of a permanent nature cannot be expected.

THE "USUAL" CORRECTIVE MEASURES

DRUGS AND MEDICINES

If arthritis could be corrected through the use of drugs and medicines, it stands to reason that such a remedy would have been discovered years ago. Drugs and medicines, like home remedies, offer little more than temporary relief to the symptoms—if that.

PARTLY BENT, FACING THE GROUND -- PATIENT NOW STANDS ERECT

I wish to take this opportunity to thank you for the wonderful treatment I received at your Institute. I have just completed three weeks treatment there and can truthfully say I feel like a new man. When I arrived I was terribly crippled with arthritis and complications. I was just barely able to walk. Now, thankfully I



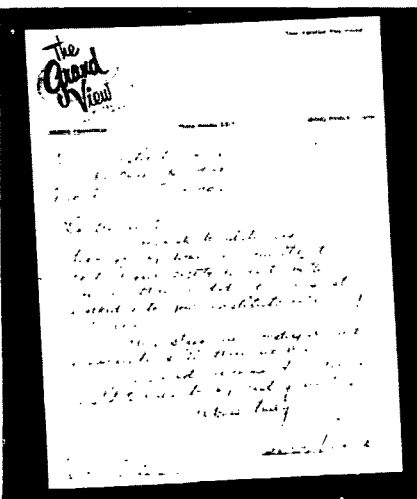
have no pain in my legs or hips and can walk quite a distance without any discomfort. I plan to return for further treatment within a month or two.

I would most certainly recommend your Institute to anyone who has the misfortune to be afflicted with this condition. I have been in several hospitals and clinics in the past, but the Coleman Institute is the only place where I have been helped.

Also I want to thank all the nurses and other members of your staff for their efficient and courteous assistance.

Very sincerely,

Martin Nally
818 Avenue E.
Bayonne, New Jersey



COLEMAN CLINIC NEWS

Destined To A Life Of Pills, Cane And Wheelchair--Patient Finds Help



Before coming to Florida in November, I had been in and out of hospitals and having x-rays at specialists in Rochester, New York. In fact, four well-known specialists took x-rays and all said nothing could be done for my condition, which was Pottet's Disease, a form of arthritis. They all said take pain pills and use cane and wheelchair in time. On coming to Florida, I was in terrific pain and very miserable. In fact, ready to give up. A friend of ours told us about Coleman Institute and my husband insisted I try them as a last resort, which I did. After completing treatment, I am happy to say I am feeling fine. I have no pain, can get out of chair without help, walk naturally, and go up stairs, which I could not do. All my friends are amazed to see what they did for me. On entering Coleman Institute, I had many complications other than arthritis, caused by not being active, and along with treatment, they cured other ailments. I would like to have everyone reading this testimonial know that I am grateful to the doctors and all their staff for their wonderful treatments and kind services.

Gratefully yours,

Mrs. William Chambers
Lakeville Blvd., Box 283
Lakeville, N.Y.

Recommends Non-surgical Treatment



I am most happy that I can write to you at this time that I am a greatly pleased man with the results of my treatment. Though I reported to you several times of my progress over the past months and while I did experience some reactions from the start, I feel that I have now reached a better state of health.

Before going to your Institute, I was quite aware that I had a prostate gland condition, as I was able to diagnose my own condition. Likewise I was able to do and get temporary treatment, and yet I was making no progress and knew that I was steadily growing worse. Surgery I had avoided or had plainly refused, as this was to be my last resort due to the risk involved. I had heard

of your non-surgical treatment which caused me to come and consult you about my case. I was impressed as I was able to understand how your methods could be effective and thus I became your patient.

I could have saved myself the many discomforts and mental anguish had I learned of your Institute earlier. You can rest assured I will be directing patients to you and if you will mail several of your catalogs in my care, I will put them in the hands of men that need your fine treatment.

Kindest regards to all,

Dr. Frank N. Perrin (retired)
2110 SW 57th Way
Hollywood, Florida

FACTS YOU SHOULD KNOW

1. That the Coleman Institute, in addition to the Medical and Natural Healing Departments, maintains one of the most modern examining facilities and finest equipped Therapy Departments to be found anywhere. Included in this Department is equipment of special design for treatments seldom found anywhere.

2. That the Coleman Institute offers a FREE physical examination, which is a SCREENING TEST to evaluate your case, for possibilities of HELP within our scope of practice, BEFORE going to the expense of FACT finding laboratory tests and x-rays. This FREE physical is thorough and unhurried and will tell you in ADVANCE whether our doctors feel you should be examined further or your case rejected.

3. YOUR FREE PHYSICAL INCLUDES:

Fluoroscopic structural frame, including vertebrae of the spine, shoulders, elbows, hands, feet and all skeletal structures.

Nervous and Glandular systems
Heart
Blood Pressure
Ears, Eyes, Nose and Throat
Sinuses
Chest
Muscles
Respiration and Pulse
Urine Test
Blood Cell Count
Posture and Gait
Teeth

This examination extended ONLY to interested people that are sincerely seeking health.

(Advanced laboratory tests and x-rays not included)

Pasteurization of the Living Blood in the Treatment of Chronic Disease

Of all the probable causes of chronic disease--poor circulation is the chief offender. Without going into a pathological discussion of the constituents of the living blood in health--its nutritive-enzymes--white and red cells, and in other immunities and life giving qualities, it may be of interest to realize what damage can be done to health by "poor circulation."

In the past few years--due to the cultivation and observation of the action of living tissue cells in test tubes--the general conception of how the living cells in the body function has been almost entirely changed. The manner in which our body cells operate, in what manner they discharge their function--how they get their food, and even how they repair themselves, can now be observed. To a great many physicians' astonishment, it has been found that the removal of waste-products, created by the cell's own energy, has been found to be more important, almost, than the supply of nourishment, or other chemical requirements, which it receives from the blood.

BLOOD IS LIFE

It can be understood from these facts how a poor circulation quickly injures the body cell function--either by failure to remove the waste products fast enough--or by failure to supply them with the necessary food products of the blood as often as their normal demand requires. Truly, the statement that "The blood is the life" expressed in a vivid manner the dependence of actual health--yes, even of life itself, upon the normal constriction and flow of the living blood.

The harmony of the whole structure of life is dependent upon a normal functioning of the glandular, nervous and cell component parts, and this functioning is regulated to a very great extent by the blood stream. We can now see how a general chronic condition could be caused entirely by an obstruction in the flow of blood, and could be eliminated by removal of such obstruction.

PASTEURIZATION OF THE LIVING BLOOD

Due to the epoch making discoveries of Pasteur in the use of heat at certain temperatures to destroy injurious bacteria in milk--wine and beer, without destroying the good in such liquid, "to Pasteurize" is now generally accepted as the method of accomplishing this purpose.

In wine, Pasteur found he was sure of killing all the poisonous microbes without heating the wine to a point where the good was lost in the wine--for the wine is an acid liquid--and the acidity of the wine helps in the action of the heat. In other words, a little heat is sufficient when the media is acid, but much less heat is required to do the same when the blood can be understood when we think of the great activity of the platelets, enzymes, anti bodies, ferments and constituents of the living blood.

Pasteur also demonstrated that Oxygen in the blood is agent of stentation. Now, attenuation and weakening are the same. While it is true that all microbes require a small amount of Oxygen--they are injured and destroyed by too much of it. Pasteur likened the red blood corpuscles in the acute ferments in the wine, which like the ferments can take Oxygen from the air and carry it to the combustible substance. Here we have another provision of Nature for the preservation of health. Oxygen is of value to the host, but is harmful to the microbes. The road that Pasteur "blazed" we are now able to follow. Unfortunately Pasteur was unable to heat the living blood as he had no means of doing so.

A new method of treatment of Chronic disease has now been perfected which enables the physician to treat the living blood with controlled heat introduced into the blood--somewhat in the manner of pasteurization.

The first action that takes place in the patient under this method is that the flow of blood is increased. In other words, the circulation is immediately improved. As the increase takes place in the flow of blood, a number of other factors enter into the picture. Increase in the blood flow means that more Oxygen is being brought to the tissues--each increased Oxygen supply which helps to destroy microbial infection, and also the increased speed in circulation enables the waste products to be removed with greater efficiency as the flow of blood in proper channels is forced through congestion and inflamed areas--pain is immediately relieved and the swelling and edema goes down.

The artificial heat as delivered by the method--is induced into the blood stream--and is carried by the blood to all parts of the living body. This induced heat acts as a desiccative force to all infection and also immediately energizes all the immunity defensive forces of the body and thus builds up natural resistance.

Throughout the ages, the value of heat has long been known in the treatment of disease and the relief from pain. However, it is in only very recent years that we have been able to improve on the ancient savage's "hot stone" to make use of that heat in a therapeutic manner. First came the steam Cabinet, the Diathermy and the short-wave electrical method of inducing heat, and now a method which enables us to heat the circulating blood in comfort without distress to the patient.

"In men whom men pronounce still
I find so much of goodness still,
In men whom men pronounce divine

I find so much of sin
and yet I hesitate to draw the line
Between the two when God has not."

THE FOUNDING OF THE COLEMAN CLINIC

Like GREYS.



and the leading bodies of medicine. Dr. Coleman, however, believes that the only way to cure the aged is by the use of the Coleman Clinic. He has spent years of his life in the study of the human body, and has discovered that the only way to cure the aged is by the use of the Coleman Clinic. He has spent years of his life in the study of the human body, and has discovered that the only way to cure the aged is by the use of the Coleman Clinic.

Many of the aged are suffering from various ailments, such as rheumatism, arthritis, and other conditions. Dr. Coleman has developed a system of treatment that is based on the principles of natural healing. This system is known as the Coleman Clinic, and it is the only one of its kind in the world. Dr. Coleman has spent years of his life in the study of the human body, and has discovered that the only way to cure the aged is by the use of the Coleman Clinic.

Patients coming to the Coleman Clinic need not make special reservations. We will arrange accommodations immediately upon your arrival. We are located on Biscayne Boulevard, one of the most traveled boulevards in America.



Free consultation and advice is extended to patients.

Coleman Institute

Facts worth considering



There is a waiting and waiting area.

AN OUT - PATIENT CLINIC
WE DO NOT TREAT BEDFAST CASES - WE DO NOT TREAT BY MAIL



There is a waiting and waiting area.

There is a waiting and waiting area.

There is a waiting and waiting area.

There is a waiting and waiting area.

There is a waiting and waiting area.

There is a waiting and waiting area.

There is a waiting and waiting area.

COLEMAN CLINIC NEWS

PATIENTS PRELIMINARY REPORT

"Should you consider anything yourself of our specialized services, we request you to complete this form in its entirety and send it to us by the way of the enclosed envelope TO BE OPENED BY US ONLY."

You are asked to do this because we do not wish to encumber anyone whose condition may be too far advanced or too involved for us to attempt to treat.

After you have been interviewed by our doctors, you will receive a personal letter from our Chief Diagnostician relative to the information contained in your report. We have our doctors will find your case within our specialized field of treatment, THIS SERVICE GIVEN WITHOUT COST OR OBLIGATION.

Name _____
 Street or box number _____
 City _____ Zone _____ State _____
 Age _____ Weight _____ Height _____ Race _____
 Married? _____ How long? _____ No children? _____ Occupation _____
 When could you come to Miami _____ If unable please explain _____

PLEASE ANSWER ALL QUESTIONS BELOW

Your Chief Complaint _____ Who diagnosed it? _____

If diagnosed by a doctor, was it an M.D., osteopath or Chiropractor? _____

Have any rays been made? _____ Laboratory Tests? _____ What did they disclose? _____

How long have you been troubled? _____ Has it interfered with your work? _____

Are you an ambulatory? _____ Use a wheelchair? _____ Bedridden? _____ How long? _____

Use hand turning device? _____ What kind? _____ How long? _____

DO YOU HAVE ANY OF THE FOLLOWING:

Are you nervous? _____ Irritable? _____ Emotional? _____ Dependent? _____

Are you constipated? _____ Take laxatives? _____ What kind? _____ How often? _____

Do you have colitis? _____ Hemorrhoids? _____ Stomach trouble? _____

Ever had an electrocardiogram? _____ What did it show? _____

Are you overweigh? _____ Underweight? _____ Short winded? _____ Heart pound? _____

Bladder trouble? _____ Liver trouble? _____ Kidney disease? _____ Sore? _____

If male, do you have prostate symptoms? _____ How long? _____ Weakness? _____

If female, are your menstrual periods regular? _____ Irregular? _____

Are you in the menopause stage? _____ How long? _____ Any weakness? _____

Do you have High Blood Pressure? _____ Low Blood Pressure? _____ Diabetes? _____

Have you had surgery? _____ Please explain _____

Do you have Arthritis, Rheumatism? _____ What type? _____

COLEMAN INSTITUTE, INC., 10600 BISCAYNE BOULEVARD, MIAMI 38, FLORIDA

Write and Attach any further information you wish to give.

WE DO NOT TREAT BY MAIL

CUT AND MAIL TODAY!

CUT AND MAIL TODAY!

Pain And Fear
Were Great
Until Treated

The days and nights of pain in joints all over my body, made the future look very sad for me. I was afraid of the crippling deformity of arthritis. The gradual stiffening of joints in my hands told me of the danger ahead. Where could I find help from those who know what to do? At last I found the Coleman Institute and now the future looks brighter for me.

Your sound advice and guidance made me understand the need for the treatment. The Coleman Institute prescribes everything of value in outlining the corrective processes for arthritis.

The stiff joints and swollen fingers made removing my rings impossible, but after your treatments the rings go on and off without strain. The help given my entire body has taken away the fears of "Crippling Arthritis."

I wish to recommend the Coleman Institute to all who suffer with pain and fear.

Sincerely,

Evelyn Redden
 1243 SW 18th Ave.
 Ft. Lauderdale, Fla.

Grateful For Help--
Refers Another Patient

Several weeks ago I entered the Coleman Institute suffering with severe rheumatic pains in the shoulders.

I had tried for help prior to going to the Coleman Institute but had only received minor relief.

Today, after treatment, I am free from pain and back at my work and am most grateful to the Coleman Institute staff for their splendid work. Recently I sent a friend of mine to the institute and it has been amazing to watch her progress.

Coleman Institute will always be first in my mind when I meet anyone suffering from Rheumatism, as no place I have ever been had so much to offer in the way of help.

Louis Rabin
 345 NE 85 St.
 Miami, Fla.

World's Greatest Need

A little less greed;

A little more giving and a little less greed;

A little more smile and a little less frown;

A little less kicking a man when he's down;

A little more "we" and a little less "I";

A little more laughs and a little less cry;

A little more flowers on the pathway of life.

And a fewer on graves at the end of the strife.

INCOME TAX DEDUCTION

Travel expenses to and from the Coleman Institute, examination and treatment fees, room and meals are items which are deductible for State and Federal income tax purposes.

PROSTATE
TROUBLE
ENDED

I am pleased with the results of my treatments completed some 3 weeks hence. When I entered the Coleman Institute I was suffering with Prostatitis, a bowel condition, and some Rheumatism. I am now experiencing improvement each day. I can now eat and digest foods that I haven't been able to eat for quite some time. I believe that my prostate trouble is ended. I am grateful for the day I entered the Coleman Clinic.

Respectfully Yours,

Mark R. Tucker
 22600 Middlebelt Rd.
 Farmington, Michigan

Patient Now Walks And Experiences Comfort



I am most grateful for the wonderful help I have received at the Coleman Institute. Before going for treatment I could hardly walk and I suffered constant pain over my entire body. My nights were terrible going without sleep until I would fall asleep from pure exhaustion. My blood pressure was in a dangerous condition and I felt very strange. My feeling of weak-

ness was one of being lifeless.

Now I sleep well and I am able to walk and go as never before as I had suffered for most twenty five years. My doctors had been many until I came to the Coleman Institute and now in only just a short while my improvement has been so wonderful that I can only say that I wish everyone could know of my help, and

others that are being treated for so many terrible things at the Institute.

I want all the staff to know I found the first real help in all my years of suffering and again I am grateful and I thank you one and all.

Mr. Mary Florczak
 265 NW 109 Street
 Miami, Florida

COLEMAN CLINIC NEWS

MAN AND THE
PROSTATE GLAND

One of the most complex and important of all organs which make up the male body is the prostate gland.

When the prostate gland fails to function properly it can have a radical effect on man's habits of living. Perhaps the most outstanding of the ill-effects which can be attributed to a mal-functioning or diseased prostate are: loss of vigor, an inferiority complex, changes in personality and disposition and a deterioration of health in general.

Perhaps these observations are responsible for the term "Man's Second Nature" which has been used to describe the influence of the prostate gland on man's well-being.

FACING SURGERY
--PATIENT AVOIDS
OPERATION

This is to state that I entered the Coleman Institute suffering a severe condition of Prostatitis and was so critical that I was facing surgery.

My nervous state and general health at this time were such that I termed myself a very sick man.

Today I wish to say that I feel normal again and give my thanks to the doctors for restoring my health. I will be forever grateful and will refer any man to you I should find suffering a similar condition.

Samuel Kalson
910 West Avenue, Apt. 412
Miami Beach, Florida

PROSTATITIS

A diseased prostate is one which is not normal in its functions and is almost invariably an infected prostate. In this state it is usually enlarged, and enlarged to a pronounced degree when cancer or other growths develop.

When the prostate becomes enlarged, it grows both outward and inward. Growing inward it presses against the urethra until it becomes a flat, rather than a round passage.

The middle lobe often becomes swollen to the point where it forms a "dam" in front of the flattened urethra and, as a result, normal urination is affected.

What actually happens, is that because of the pressure, the bladder cannot be completely emptied, so it requires less time for the next impulse to urinate. In fact, it is not unusual for men so afflicted to have as many as 8 to 10 night risings and each of these can be further complicated by difficulty and pain.

Cystitis or irritation of the bladder often develops. The sufferer experiences a burning or smarting sensation. A feeling of heaviness in the area of the groin is often felt and a continuous urge to sit down for relief measures may be evidenced. This is usually caused by retention of urine in the bladder.

A CERTIFICATE FOR "LIFETIME SATISFACTION" IS GIVEN EVERY PATIENT ACCEPTED FOR PROSTATE TROUBLE.

COMMON SYMPTOMS
OF PROSTATITIS

Many signs or symptoms may accompany a prostate involvement, and other complications may arise in the course of its progress which, at the onset, may seem entirely dissociated with the prostate condition. Kidney and bladder troubles are examples of such complications.

A few of the most common symptoms of a prostate condition are:

1. Nervousness and irritability.
2. Restlessness, mental depression, forgetfulness and worry.
3. Tire easily, both mentally and physically.
4. Sexual weakness.
5. Debility, low vitality and low blood pressure.
6. Low back pains, pain or discomfort in hips, inside thighs, groin, testicles and in the rectum.
7. Inability to sleep well and tired upon arising.
8. Frequent night urination (or by day) with a slow, weak stream.
9. Leakage of urine onto clothing.

While not a general expectancy, it is not unusual for a sufferer to evidence all the symptoms at the same time because prostate trouble is progressive in character and symptoms develop as the case becomes more severe.

PROSTATE TROUBLE
IS CORRECTABLE

Regardless of what you may have been told, it is nothing short of a fallacy to believe that prostate trouble cannot be corrected. When attended before too many complications have made correction problematical, or before cancer has developed, prostate diseases can be just as amenable to

proper treatment as there is no longer any foundation for the belief that nothing can be done for it. Modern, highly specialized treating methods have definitely proved that man need not go through the rest of his life with broken rest at night, impaired health and with a nervous, irritable disposition.

We would not insult anyone's intelligence by saying we can cure every case which comes to us... in fact, many cases are not curable. But of this you can be certain... we will not accept your own, or any case for that matter, if we feel the case is too far advanced or if there are complications in evidence which would make it unlikely we could help you. Your own family physician couldn't guarantee you any more than that.

OUR SPECIALIZED APPROACH

Remember, there will NEVER be a substitute for correct therapy. You may already know this to be a fact, particularly if you have tried outmoded methods. Sitz bathing, heat, finger massage, electro-therapy, etc., may give some temporary relief. But a well-rounded out program which is broad in its scope and not "limited" in its scope of treatment can effect dramatic results even after symptomatic and all other types of treatments may have failed.

You can live only within yourself... aren't you entitled to the best?

The surgery that is used as a "last resort" in most cases, is a complete enucleation... removal of the entire prostate. The end results in more than 50% of the cases are too insidious to mention.

PATIENT DRIVING ALONE
SAID HE FELT SO WEAK HE HAD
DOUBTS OF REACHING MIAMI

This is in request to your question as to how I am feeling after my treatments. You know the weak and run-down condition I was in when I came to your Institute for treatment. My prostate condition was very bad along with the fact of my bad heart I had for so many years and my rheumatism.

Now I feel strong again and my heart improvement has been so good that I can now sleep on my side for the first time in years without the feeling of it pounding out of my body. My prostate doesn't bother now and I just feel you folks should know that this has been the best help I have ever received anywhere and I have been many places trying to get help before coming to you people. Anyone I know in need of treatment I will suggest that they come to you doctors.

I hope sometime to get back and visit with all of you.

Yours truly,

Chas. A. Burgess
221 N. Eighth Street
Fort Smith, Arkansas

Do You Suffer
Needless Pain?

One of the most painful cases we must deal with almost daily are the so-called low back cases. People tell of their condition having been named lumbago, sciatica, neuritis or disc trouble.

They relate pain for months and even years. These people are told that their trouble stems from upset kidney function and they try remedy after remedy for the kidneys in an effort to still the numbing pain. Frequently, the kidneys are a contributing

cause of low back trouble, but the real cause invariably will be found to be pressure on the spinal nerves that supply the kidneys and other organs. Until this pressure is removed and the function of the kidneys is restored to normal the gnawing pain of low back trouble will persist.

Thousands of case histories prove that nerve pressure can cause kidney trouble and low back trouble. It is possible that some long-forgotten fall, slip, lift or stumble may have injured your spine and that all of your suffering can be attributed to a vertebral mis-

alignment. Investigate - we may help you, as we have others, by removing what is probably the real cause of your trouble.

The grave yards are filled with people who would be living today had they not neglected their health too long.

"I Don't Mind
Telling Anybody"

I would like to say that today I am cured of my Prostate condition. The rectal trouble I had that prevented me from even riding in my automobile has gone entirely. My getting up once or twice each hour no longer exists as I now go ten hours at night without getting up. All my low back pain are gone and my bowel condition is the best I can remember. I say that I feel like a new man and I don't mind telling anybody.

Bernard J. Sutter
605 Liberty Street
Cheesaning, Michigan

HELP A FRIEND...

WHEN YOU BECOME A PATIENT AT THE COLEMAN INSTITUTE, HAVE A FRIEND IN MIND YOU WOULD REALLY LIKE TO HELP . . .

RULES:

1. Your friend or acquaintance must be able to furnish their own transportation to and from Miami.
2. They will be required to pay only for their dietary meals for the two or three week period they may be treated here, at the rate of about \$3.00 per day.
3. You must drop your friend's name and address in our HELP FOR A FRIEND BOX located in the No. 3 Patient Lobby.
4. Each third week a drawing is held in the presence of patients and the patient whose friend's name is drawn is allowed to telephone or wire immediately for their friend to come to Miami and the Institute for the same health restoring institutional treatments they have received, including a private room, ALL at OUR expense.
5. Your guest patient must arrive in Miami for this help within one week after notice.
6. Only one name allowed to each patient. Certainly you must know of several people you would like to help that have failed to find health by other methods. It is our professional staff's pleasure to have such a person with us every week of each year.
7. This offer void for local patients or residents living within driving distance of the Institute and greater Miami as patients receiving this help locally are selected by our staff physicians.

HAVE YOUR FRIEND'S NAME IN MIND WHEN YOU ARRIVE HERE AND DEPOSIT YOUR NAME EARLY.

Conditions Treated At The Coleman Institute

ARTHRITIS—RHEUMATISM PROSTATE TROUBLE

NEURITIS
SCIATICA
LUMBAGO
NEURALGIA
GOUT
STOMACH DISORDERS
DIGESTIVE DISORDERS
SYSTEMIC ACIDITY
ENDOCRINE IMBALANCE
DUCTLESS GLAND
DISORDERS
MALFUNCTION OF
THYROID GLAND
DIABETES
(Insulinless Causes)
BLADDER DISORDERS
KIDNEY DISEASES
NERVOUS DISORDERS
ENERVATION

GALL BLADDER DISEASES
MENOPAUSE DISORDERS
COLITIS
RECTAL DISORDERS
LOW BACK TROUBLE
(Including Discs)
COLON DISORDERS
CONSTIPATION
SYSTEMIC TOXEMIA
GENERAL DEBILITY
HIGH BLOOD PRESSURE
LOW BLOOD PRESSURE
LIVER TROUBLE
MIGRAINE HEADACHES
(All Types)
SINUS TROUBLE
INSOMNIA
OBESITY
MALNUTRITION
ANEMIA
AND OTHERS

MANY LOCAL PATIENTS TAKE ADVANTAGE
OF COLEMAN CLINIC TREATMENT.

LOCAL PATIENTS PLEASE DIAL PL 4.2617
FOR CLINIC APPOINTMENTS.

CHEMICAL BALANCING OF THE BODY WHICH IS AMONG
THE WORK UNDERTAKEN BY THE COLEMAN CLINIC IN
CONQUEST OF DEGENERATIVE DISEASES IS IN OUR OPINION
ONE OF THE MARKS OF PROGRESS IN OUR TIME.

Good health is
life's greatest blessing.
Once lost completely,
it cannot be regained
at Any price.

FABRILLI

Give your health the attention it merits . . . NOW
. . . While the chances may yet be in your favor

COLEMAN CLINIC NEWS



Miami can be reached by every conceivable mode of travel, automobile, train, air and water.

If you drive, excellent major highways will bring you to Miami from every point in the country.

COLEMAN CLINIC AND YEAR-ROUND FLORIDA FOR HEALTH

Patients from all states are rapidly turning to Florida for the wonderful aid to health that nature offers here. Sunshine is something we have an abundance of here and we are justly proud of it as we know it plays a great part as a healer. This fact is evidenced by the great number of patients reaching the COLEMAN CLINIC from the various states. The COLEMAN CLINIC has experienced cases arriving here with sticks and crutches, with severe pain and swollen joints. We saw these same patients return home in a few weeks after treatment in our CLINIC and our wonderful climate, completely well. Florida is truly the fountain of youth.

Suffer Chronic Colitis?

Chronic Colitis, with its resultant auto-intoxication from absorption of the end products of disease-producing bacteria, is one of the most general and prolific causes of human ailments. Most cases of rheumatism, neuritis, sciatica, high blood pressure, insomnia, nervousness, anemia, debility, kidney disease, gall bladder and even associated hardening of the arteries is usually partly caused by colitis and the consequent toxemia. A large percentage of all people suffer from some degree of chronic colitis. Very few persons are found who do not have some type or kind of colon trouble. Coated tongue, sallow complexion, languid feeling and other symptoms often attributed to biliousness are generally due to chronic colitis, not, as a rule, to any disease of the liver. Perhaps in no other human ailment has more progress been made in recent years than in the treatment of chronic colitis. Treatment provided at the COLEMAN CLINIC is designed to eliminate the cause of this dreaded condition and bring lasting relief to the sufferer.

AN IDEAL COLON



COLEMAN INSTITUTE MIAMI 38, FLA.

U.S. POST:
Bulk Rate Paid
Miami, Fla.
Permit No. 537

Chronic Headaches

MANY ARE THE PEOPLE WHO SUFFER FROM
CHRONIC HEADACHES AND INDEED THEY
DO SUFFER!

Eighty per cent of the human race are more or less subject to headaches. To free the face of headaches would be to increase its efficiency and happiness by 30 per cent. The brain is the seat of life. It is the central plant from which all the organs and tissues of the body draw their life and nerve energy. There are certain centers in the brain which supply certain organs with nerve energy. Disease in one of these organs often causes an ache in its corresponding center in the brain. For instance, an ache in the temples signifies liver disturbance; in the top of the head a digestive disturbance; in the crown of the head the organs of elimination. MANY are the people who suffer from chronic headaches, and indeed they DO SUFFER! However, headaches are not always just what they may seem or what many folks think, inasmuch as they may indicate far more serious body conditions. Putting it another way, headaches are not always, and I might say generally not, just headaches—just an aching in the head. They are more often indications (Nature's Warning) of other and more serious conditions in other parts of the body. They are a sort of "kick back" from some other bodily disease. FORTUNATELY so, headaches like all other diseases in the body, have a PRIMARY—FUNDAMENTAL—CAUSE, and in a knowledge of such CAUSE treatment at the CLINIC is designed to eliminate the CAUSES in headaches ranging from the simple to migraine types.



"Years ago the skin, but it is worry that ages the soul. He who relaxes to worry is master of every situation . . . Do not worry about the wrinkles you get from smiles."

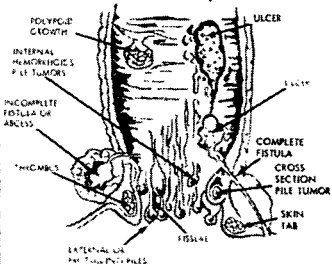
"The doctors of the future will give no medicine, but will interest his patients in the care of the human frame . . . and in the cause and prevention of diseases."

—THOMAS A. EDISON

NOTICE

Accommodations in Miami are so numerous and so planned that they come within the financial reach of everyone that can afford to come here at all.

Colon and Rectal Complications



NOTE: We offer non-surgical treatment for hemorrhoids (piles) safe, restful.

EXHIBIT 9

PUBLISHED IN THE PUBLIC INTEREST FOR BETTER HEALTH

HERE IS
CONQUERED
HEALTH

: **PROOF**

10800 BISCAYNE BLVD.

BISCAYNE CLINIC NEWS

PHONE 754-6571

VICTIM THROWS AWAY CRUTCHES

ARTHRITIS, AGE OLD PROBLEM



Mrs. Lewis, as shown here, has made a remarkable recovery and even though cases of such severity and long standing are a great challenge to us. . . . we welcome such difficult and problem cases.

THIS IS HER OWN STORY

The following is the story of my past condition for your information as a crutches that may be interested.

During the year of 1955, I became severely crippled with arthritis. At the time I was in Pennsylvania, my home state, and I had to go to the hospital.

My condition, to be sure, was not a new one until I had to go up and down stairs. All the time I was taking treatment, but the medicine did little or nothing more than stop my pain for a few hours at a time. When I got home, I had to stop all work. I had gotten to the point I could no longer stand up straight and had to use two sticks to hobble about on. From the sticks I went on crutches and then to a cane.

Finally, I went to Florida for help. Members of the Biscayne Clinic were responsible for my return to health; and soon I discarded my crutches. Even at my age of 73 I have been able to return to work free from pain and do cooking, washing and caring for a family of six. I suffer no more pain and take no more pain medicines that I was taking. I am thankful for my help as I had been told time and time again that there was no help until I had just given up all hope.

I pray for all that are sick and wish them the same good fortune that I have had.

Sincerely yours,

(Mrs.) CATIE A. LEWIS



PARTIAL VIEW OF WORLD FAMOUS MIAMI BEACH

WHAT IS ARTHRITIS

The word "Arthritis" is used to describe a painful and inflammatory condition of the joints and muscles. It is one of the oldest forms of ailments—proof of its existence having been found in the skeletons of prehistoric man.

Arthritis can be manifested by either intense pain or by just a gradual stiffening of the joints, without any evidence of pain.

Yet, as you will read later, arthritis is not a disease with in itself. It is merely a symptom of one or more systemic malfunctions.

A number of highly technical words have been coined to distinguish between the various forms of arthritis so before indulging in the systemic malfunctions, we will brief the reader on the most commonly diagnosed types of arthritis.

RHEUMATOID ARTHRITIS

Takes its name from the Greek word "rheuma" meaning "to flow" and "arthritis" meaning "inflammation of the joints".

Characterized by the inflammation of the joints and muscles, it is manifested by a persistent, deep, aching pain, and a swelling of the joints, which is usually more pronounced in the morning.

While it is not a disease with in itself, it is a symptom of a systemic malfunction, and it is usually a sign of a more serious condition, such as a blood poisoning or a metabolic disorder.



Rheumatoid Arthritis

OSTEO ARTHRITIS

This is a degenerative disease of the joints, characterized by a gradual stiffening of the joints, and a swelling of the joints, which is usually more pronounced in the morning.

The word "osteo" means "bone" and "arthritis" means "inflammation of the joints". It is a degenerative disease of the joints, characterized by a gradual stiffening of the joints, and a swelling of the joints, which is usually more pronounced in the morning.



Osteoarthritis

thing else, there are exceptions to all rules.

Constitutional disturbances are seldom a characteristic of osteoarthritis. Rarely is inflammation noted. Deformity is not marked, muscular atrophy is only from disuse, soft parts are not swollen, there is little or no pain and complete crippling is rare. Symptoms are usually first observed by "cracking" sounds in "hot" areas and slight deformation of the index and middle fingers may be the first signs of attack.

MIXED FORMS OF ARTHRITIS (Gout)

There are many joint diseases which are traceable to specific etiology. Metabolism,



Mixed Forms of Arthritis

jointly arthritis, comes under the heading.

Gout is considered a human disease, since 95% of those affected are men. It is most common in the middle-aged, but also manifested in the young. It is a metabolic disorder.

The symptoms are usually characterized by a redness and a swelling, along with a sharp, intense pain, which is usually more pronounced in the morning.

While there usually are no systemic malfunctions between the joints, the inflammation is usually a sign of a more serious condition, such as a blood poisoning or a metabolic disorder.

BURSITIS

It is a degenerative disease of the joints, characterized by a gradual stiffening of the joints, and a swelling of the joints, which is usually more pronounced in the morning.

The word "bursitis" means "inflammation of the bursae". It is a degenerative disease of the joints, characterized by a gradual stiffening of the joints, and a swelling of the joints, which is usually more pronounced in the morning.

ARTHRITIS IS CORRECTABLE!

Yes, broken promise. The term permanent damage has had a force to exact its toll. Arthritis can be corrected. It must be considered, of course, that the causes respon-

sible for and contributing to the arthritic involvement must first be ascertained and, when treatment processes are outlined, these causes must be treated at the same time.

Secondly, if structural changes have taken place as a result of the primary causes, they must be repaired insofar as possible.

Finally, during the process of correction, symptomatic relief must be given so the patient will suffer no undue pain.

Even though relief of the symptoms may offer blessed relief, it is the least important objective, for, unless the causes are corrected, results of a permanent nature cannot be expected.

THE USUAL CORRECTIVE MEASURES**DRUGS AND MEDICINES**

If arthritis could be corrected through the use of drugs and medicines, it stands to reason that such a remedy would have been discovered years ago. Drugs and medicines, like home remedies, offer little more than temporary relief to the symptoms—if that.



Sun, sand and sunshine merge with modern science to bring health and happiness.

Will You Help a Friend?

You probably know some friends or relatives who have arthritis or other problem conditions. You will win their lasting gratitude if you are instrumental in helping them correct these ailments. Just list their names and addresses below, and we will be glad to send them complete information without charge or obligation.

BISCAYNE CLINIC

Name	_____
Address	_____
City	_____
State	_____
Zip	_____
Name	_____
Address	_____
City	_____
State	_____
Zip	_____
Name	_____
Address	_____
City	_____
State	_____
Zip	_____
Name	_____
Address	_____
City	_____
State	_____
Zip	_____

TO: Mrs. C. W. M. N. N.

BISCAYNE CLINIC NEWS

TREATMENT FOR ARTHRITIS REGULATES BLOOD PRESSURE



I was packing and ready to go to a "hot Springs" when I heard of the Biscayne Clinic. Every so often when it was possible for me to get away, I would go and take baths and feel better for a short while and all my aches and pains would start again.

This time my case had become a lot different as I was having a dangerous high blood pressure up close to three hundred on the high and over one twenty on the low. I had feared a stroke and today after treatment at the Biscayne Clinic, I am happy to say I no longer have that fear, as, after passing through the arthritis treatment, my blood pressure now stands at one thirty one, or the top, and seventy seven for the low. Naturally, I feel better. There has been a big change in my whole condition, and now when I can get up in the morning feeling like going to work, I feel, I take no more

medicine to kill pain, and I am thankful for all the good things that have been done for me. I am in the last day before my retirement and I know now that I am going to make it through.

Sincerely,
Russell Dawson

PASS THIS ON TO A SICK FRIEND

NO BACK PAIN AFTER 3 WEEKS OF TREATMENT

I wish to say that in 1929, I had an accident working in a coal mine, which resulted in serious back injuries and a broken vertebrae. I was in the hospital two months after that. I was a hell for support. I could not make it without support.

The Doctors claim that I had arthritis of the spine. They gave me shots, with no help. Since taking three weeks treatment with you, I have discarded the belt completely and my back is fine, strong, and no pain.

I thank you and your staff for the wonderful work you all gave me.

Very truly,
George Hashu

SATISFACTORY RESULTS



After receiving complete treatments for Arthritis and Prostatitis at your Clinic, I am happy to report that results are very satisfactory.

I do not hesitate to recommend your Clinic to anyone having either of above ailments.

C. W. McIntire

EXPERIENCING CONTINUED IMPROVEMENT



I was treated at the Clinic for the following ailments: Prostate and colon trouble, nervous stomach, high blood pressure and accelerated heart action.

I am pleased to state that all ailments responded readily to the treatments, and after my return home I am experiencing continued improvement.

I thank God for the healing and gladly recommend the treatments to anyone in need of them.

I wish at this time to thank all personnel at the Clinic

for courtesy, treatments and care that were accorded me during my stay at the Clinic. God Bless You All!

Sincerely,

J. E. Petersen.

HELP A SICK FRIEND-- PASS THIS COPY ALONG

Pasteurization of the Living Blood in the Treatment of Chronic Disease

One of the possible causes of chronic disease--poor circulation is the chief offender. Without going into a pathological discussion of the constituents of the living blood in health--its nutritive--enzymes--vitamins--ferments--white and red cells, and to other immunity and life giving qualities, it may be of interest to realize what damage can be done to health by "poor circulation."

In the past few years--due to the cultivation and observation of the action of living tissue cells in test tubes--the general conception of how the living cells in the body function has been almost entirely changed. The manner in which our body cells operate, in what manner they discharge their functions--how they get their food, and even how they repair themselves, can now be observed. To a great many physicians' astonishment, it has been found that the removal of waste-products, created by the cell's own energy, has been found to be more important, almost, than the supply of nourishment, or other chemical requirements, which it receives from the blood.

BLOOD IS LIFE

It can be understood from these facts how a poor circulation quickly injures the body cell function--either by failure to remove the waste products fast enough--or by failure to supply them with the needed material food products of the blood as often as their normal demand requires. Truly, the statement that "the blood is the life" expresses in a vivid manner the dependence of normal health--yes, even of life itself, upon the normal composition and flow of the living blood.

The harmony of the whole structure of life is dependent upon a normal functioning of the glandular, nervous and cell components parts, and this functioning is regulated to a very great extent by the blood stream. We can now see how a general chronic condition could be caused entirely by an obstruction to the flow of blood, and could be eliminated by removal of such obstruction.

PASTEURIZATION OF THE LIVING BLOOD

Due to the epoch making discoveries of Pasteur in the use of heat at certain temperatures to destroy injurious bacteria in milk--wine and beer, without destroying the good in such liquid, "to Pasteurize" is now generally accepted as the method of accomplishing this purpose.

In wine, Pasteur found he was sure of killing all the injurious microbes without heating the wine to a point when the good was lost in the wine--for the wine is an acid liquid--and the acidity of the wine helps in the action of the heat. In other words, a little heat is sufficient when the media is acid. How much less heat is required to do the same work in the living blood can be understood when we think of the great activity of the platelets, enzymes, and bodies, ferments and other constituents of the living blood.

Pasteur also demonstrated that Oxygen in the blood is an agent of attenuation. Now, attenuation and weakening are the same. While it is true that all microbes require a small amount of Oxygen--they are injured and destroyed by too much of it. Pasteur likened the red blood corpuscles to the acetic ferments in the wine, which like the ferment can take Oxygen from the air and carry it to the combustible substance. Here we have another provision of Nature for the preservation of health. Oxygen is of value to the host, but is harmful to the microbe. The road that Pasteur "blazed" we are now able to follow. Unfortunately Pasteur was unable to heat the living blood as he had no means of doing so.

A new method of treatment of Chronic disease has now been perfected which enables the physician to treat the living blood with controlled heat introduced into the blood--somewhat in the manner of pasteurization.

The first action that takes place in the patient under this method is that the flow of blood is increased. In other words, the circulation is immediately improved. As the increase takes place in the flow of blood, a number of other factors enter into the picture. Increase in the blood flow means that more Oxygen is being brought to the tissues--such increased Oxygen supply which helps to destroy microbial infection, and also the increased speed in circulation enables the waste products to be removed with greater efficiency as the flow of blood in its proper channels is forced through congestion and inflamed areas--pain is immediately relieved and the swelling and edema goes down.

The artificial heat as delivered by the method--is induced into the blood stream--and is carried by the blood to all parts of the living body. This induced heat acts as a destructive force to all infection and also immediately energizes all the immunity defensive forces of the body and thus builds up a natural resistance.

Throughout the ages, the value of heat has long been known in the treatment of disease and the relief from pain. However, it is in only very recent years that we have been able to improve on the ancient savage's "hot stone" to make use of that heat in a therapeutic manner. First came the steam Cabinet, the Diathermy and the short-wave electrical method of inducing heat, and now a method which enables us to heat the circulating blood in comfort without distress to the patient.

"In men whom men pronounce as ill
I find so much of goodness still;
In men whom men pronounce divine

I find so much of sin
and rot; I hesitate to draw the line
Between the two when God has not."

BISCAYNE CLINIC NEWS

FINDS HELP
IN SEARCH
FOR HEALTH

For two years I had suffered with arthritis and had gone to many doctors in search of help. While I had considerable pain at all times, my ability to move about was not restricted. I like to travel and have done so even with my pain. However, last year I was unable to do more than sit at home and nurse my condition as I had slowly gotten to the



point, I could no longer walk any distance or drive my automobile.

I had heard of the Biscayne Clinic, and I had a friend drive me there, and there I learned what I was freed from pain and could once again feel my normal self. Today I walk and drive in comfort and am the most thankful person on earth for the splendid benefits I have received.

I tell everyone, everywhere I go of the wonderful place and people in Miami and the vast difference they have to offer, and I am asking my name and photograph be used in the NEWS to further this cause.

Yours truly,
Mrs. Anne White

EXPERIENCES RENEWED HEALTH

I highly appreciate the treatment received from your institution. When I entered, my prostate gland condition was so bad it had irritated me to the extent that my nerves were shot. However, after a period of three weeks of the finest treatment imaginable, I have fully recovered and am now in the best of health. My nerves are very good. As a matter of fact, I feel much younger than I have in the past ten years. This condition existed for a



period of six years. Needless to say, it was miserable.

I therefore recommend to all sufferers of a similar condition that they apply to the above institution for information, and I will also gladly give any information personally that may be of help to anyone that will call on me.

Yours truly,
Julius Chesley

I FEEL LIKE
A NEW MAN!

A friend of mine gave me a copy of your Clinic newspaper. Proud, I read it carefully and decided that your place would

I found your Clinic and will surely recommend it to my friends.

Yours sincerely,
J. W. Wilson



give treatments suited to my symptoms.

I went to your Clinic, was examined and underwent a program of treatment. In three weeks' time, upon my release, I am happy to say that your treatment did me a world of good, and I feel like a new man. I am very thankful that

Biscayne Clinic
& Year-Round
Florida
For Health

Patients from all states are rapidly turning to Florida for the wonderful aid to health that nature offers here. Sometimes it is something we have an abundance of here and we are hardly proud of it as we know it plays a great part as a healer. This fact is evidenced by the great number of patients reaching the BISCAYNE CLINIC from numerous states. The BISCAYNE CLINIC has a well-balanced team striving here

with sticks and crutches with severe pain and swollen joints. We saw these same patients return home in a few weeks after treatment in our CLINIC and our wonderful climate completely well. Florida is truly the fountain of youth.

Upon its founding, the Biscayne Clinic location was planned as the ideal for our specialized health recreation plan, there was also the health giving sunshine, the outdoor environment and excellent transportation that is so necessary for the year round advantage of our patients reaching us from all parts of the world.

At first thought this location and the surroundings may give the impression that this "health plan" would be very expensive. However, our staff has planned so well for the average patient that he certainly can afford our specialized plan of treatment if he were in financial position to afford treatment at all. Our planning has taken into consideration the average person and what he could afford to pay for such services. This consideration for the masses and for the privileged few has played an important part in the success of the Biscayne Clinic.

GREAT GRANDPA
NOW ENJOYS
GOOD HEALTH!

I came to Florida in 1951 with aches and pains that defied description. My wife had to put my coat on for me and I wondered sometimes if life was worth living.

The climate in Florida seemed to help me, but my job called me up north again, and within a short time, my aches and pains were back, and worse.

So, I came back to Florida again in 1953 and once again, the gentle weather seemed to help me.

But, soon there came a time when even Florida was not enough to ease my suffering and the doctors started to lose me regularly. It was a waste, though, because they didn't seem to know or care.

In 1956, the calcium in my joints began to cripple me. In desperation I made the rounds of the doctors again. I tried everything... fruit and vegetable juices, basting, special treatments... it got so I thought I was going to die and I gave my wife everything I had.

One day, hoping against hope, I came to Biscayne Arthritis Clinic and Rehabilitation Center, where I had been, told there were some people that could help me.

God Bless That Day in My Life! Forever! I am a great grandfather, but I bet I can run away from you in a foot race, just taking out time now and then for a regular visit to Biscayne Clinic to I won't ever get back in this condition again.

Let Biscayne Clinic use my picture because I want you to see how I look now. This is one that was just taken. I wanted one with my great grandchild, but there wasn't room.

If you come to Miami, I would love to show you real living and how to get your health back by introducing you to the wonderful folks at Biscayne Clinic.

They are the saviors of my life.

Respectfully,
Murray T. Shipp

Grateful For Help--
Refers Another Patient

Several weeks ago I learned the Biscayne Clinic offering with severe rheumatic pains in the shoulders.

I had tried for help prior to going to the Biscayne Clinic, but had only received minor relief.

Today after treatment, I am free from pain and back at my work and am most grateful to the Biscayne Clinic staff for their splendid work. Recently I sent a friend of mine to the Clinic and it has been amazing to watch her progress.

The Biscayne Clinic will always be first in my mind when I meet anyone suffering from rheumatism, as no place I have ever been had so much to offer in the way of help.

Louis Rubin

World's Greatest Need

A little less greed:

A little more giving and a little less greed;

A little more smile and a little less frown;

A little less kicking a man when he's down;

A little more "we" and a little less "I";

A little more laughs and a little less cry;

A little more flowers on the pathway of life,

And a fewer on graves at the end of the strife.

INCOME TAX DEDUCTION

Travel expenses to and from the Biscayne Clinic, examination and treatment fees, room and meals are items which are usually deductible for State and Federal income tax purposes.

WONDERFUL IMPROVEMENT EXPERIENCED AT BISCAYNE CLINIC

It is with much pleasure that I report to you the wonderful improvement I experienced in undergoing treatment in the Clinic.

First, let me say that in all my years of seeking health, there has been nothing to surpass what was done and I think you have the finest staff I ever could wish to meet. The records on my case I have kept

over the years, consist of several hundred pages of information. I gained from one doctor to another, in different parts of the country. Never did I have my case explained, nor did I ever receive treatment to equal anything as thorough as I found at your Clinic.

I have been at home some time now, living comfortably for the first time in so long I

can't really remember when. I follow my diet in a thorough manner and even since I left your Clinic I have lost an additional three pounds.

I will be forever grateful for what you have done to bring comfort from my arthritis and the other conditions that were causing me discomfort. I know being a better state of health has brought a lot of joy to my

wife as there can be nothing more miserable than a home torn with sickness. I do not hesitate to speak to every old person I encounter about the Biscayne Clinic and I am happy to make this statement at the benefit I have received.

A friend,
G. H. Knutson



DISCAYNE CLINIC NEWS

MAN AND THE
PROSTATE GLAND

One of the most complex and important of all organs which make up the male body is the prostate gland.

When the prostate gland fails to function properly it can have a radical effect on man's habits of living. Perhaps the most outstanding of the ill-effects which can be attributed to a mal-functioning or diseased prostate are: loss of vigor, an inferiority complex, changes in personality and disposition and a deterioration of health in general.

Perhaps these observations are responsible for the term "Man's Second Nature" which has been used to describe the influence of the prostate gland on man's well being.

CHEMICAL BALANCING OF THERAPY WHICH IS AMONG THE WORK UNDERTAKEN BY THE DISCAYNE CLINIC IN CONQUEST OF DEGENERATIVE DISEASE IS IN OUR OPINION ONE OF THE MARKS OF PROGRESS IN OUR TIME.

NO DOCTOR
CAN GUARANTEE

TO CURE ANY DISEASE. However, we guarantee that we will do everything in our power to alleviate the suffering of all our patients and that we will do our utmost to restore them to normal health.

PROSTATITIS

A diseased prostate is one which is not normal in its functions and is almost invariably an infected prostate. In this state it is usually enlarged, and enlarged to a pronounced degree when cancer or other growths develop.

When the prostate becomes enlarged, it grows both outward and inward. Growing inward it presses against the urethra until it becomes a flat, rather than a round passage.

The middle lobe often becomes swollen to the point where it forms a "dam" in front of the flattened urethra and, as a result, normal urination is affected.

What actually happens, is that because of the pressure, the bladder cannot be completely emptied, so it requires less time for the next impulse to urinate. In fact, it is not unusual for men so afflicted to have as many as 8 to 10 night risings and each of these can be further complicated by difficulty and pain.

Cystitis or irritation of the bladder often develops. The sufferer experiences a burning or smarting sensation. A feeling of heaviness in the area of the groin is often felt and a continuous urge to sit down for relief measures may be evidenced. This is usually caused by retention of urine in the bladder.

COMMON SYMPTOMS
OF PROSTATITIS

Many signs or symptoms may accompany a prostate involvement, and other complications may arise in the course of its progress which, at the onset, may seem entirely dissociated with the prostate condition. Kidney and bladder troubles are examples of such complications.

A few of the most common symptoms of a prostate condition are:

1. Nervousness and irritability.
2. Carelessness, mental depression, forgetfulness and worry.
3. Tired easily, both mentally and physically.
4. Sexual weakness.
5. Debility, low vitality and low blood pressure.
6. Low back pains, pain or discomfort in hips, inside thighs, groins, testicles and in the rectum.
7. Inability to sleep well and tired upon arising.
8. Frequent night urination (or by day) with a slow, weak stream.
9. Leakage of urine onto clothing.

While not a general expectancy, it is not unusual for a sufferer to evidence all the symptoms at the same time because prostate trouble is progressive in character and symptoms develop as the case becomes more severe.

PROSTATE TROUBLE
IS CORRECTABLE

Regardless of what you may have been told, it is nothing short of a fallacy to believe that prostate trouble cannot be corrected. When attended before too many complications have made correction problematical, or before cancer has developed, prostate diseases can be just as amenable to

proper treatment as there is no longer any foundation for the belief that nothing can be done for it. Modern, highly specialized treating methods have definitely proved that man need not go through the rest of his life with broken rest or night, impaired health and with a nervous, irritable disposition.

We would not insult anyone's intelligence by saying we can cure every case which comes to us... in fact, many cases are not curable. But of this you can be certain... we will not accept your own, or any case for that matter, if we feel the case is too far advanced or if there are complications in evidence which would make it unlikely we could help you. Your own family physician couldn't guarantee you any more than that.

OUR SPECIALIZED APPROACH

Remember, there will NEVER be a substitute for correct therapy. You may already know this to be a fact, particularly if you have tried outmoded methods. Sitz bathing, heat, finger massage, electro-thermy, etc., may give some temporary relief. But a well-rounded out program which is broad in its scope and not "limited" in its scope of treatment can effect dramatic results even after symptomatic and all other types of treatments may have failed.

You can live only within yourself... aren't you entitled to the best?

The surgery that is used as a "last resort" in most cases, is a complete enucleation... removal of the entire prostate. The end results in more than 50% of the cases are too insidious to mention.

OUR NON-SURGICAL PROSTATE TREATMENT IS MILD, SAFE AND LASTING.

"I Don't Mind
Telling Anybody"

I would like to say that today I am cured of my Prostate condition. The rectal trouble I had that prevented me from even riding in my automobile has gone entirely. My getting up once or twice each hour no longer exists as I now go ten hours at night without getting up. All my low back pains are gone and my bowel condition is the best I can remember. I say that I feel like a new man and I don't mind telling anybody.

Bernard J. Sutter

Grateful For Help;
Spreads The Good Word

It is difficult to express the gratification of the results I obtained by going through your clinic and having treatment. I had consulted several clinics over the country before coming to you with little or no help. I had, in fact, made quite a few rounds of doctor's as my work takes me over a

great part of the country, and someone was always trying to give me advice on what to do and where to go.

I admit I saw your ad and was a bit skeptical, as it seemed unusual to me until I came and investigated. Well, I am thankful for the day I did because not only did I receive the help I was looking for, but I liked Florida so well, as you know, I moved my family there and now do my traveling out of Florida.

Everywhere I go now I spread the good word about the Discayne Clinic as I can do so without reservation in telling folks I have my home there and know first hand a splendid facility you have and the wonderful work you are doing.

Very truly yours,
George E. Lewis

Do You Suffer
Needless Pain?

One of the most painful cases we must deal with almost daily are the so-called low back cases. People tell of their condition having been named lumbago, sci-

atica, neuralgia or disc trouble. They relate pain for months and even years. These people are told that their trouble stems from upset kidney function and they try remedy after remedy for the kidneys in an effort to still the numbing pain. Frequently, the kidneys are a contributory

cause of low back trouble, but the real cause invariably will be found to be pressure on the spinal nerves that supply the kidneys and other organs. Until this pressure is removed and the function of the kidneys is restored to normal the gnawing pain of low back trouble will persist.

Thousands of case histories prove that nerve pressure can cause kidney trouble and low back trouble. It is possible that some long-forgotten fall, slip, lift or stumble may have injured your spine and that all of your suffering can be attributed to a vertebrae mis-

alignment. Investigate, we may help you, as we have others, by removing what is probably the real cause of your trouble.

The grave yard is filled with people who would be living today had they not neglected their health too long.



BEAUTIFUL MIAMI SKYLINE . . .

WHY WE ADVERTISE

The only manner by which we can acquaint the arthritic sufferer there is a new avenue of hope available to him, is through the medium of advertising.

While this approach may be "frowned upon" in certain quarters as being unethical, this is purely a technical viewpoint, rather than a legal one, in any event until the Biscayne Clinic is a by-word to the arthritic sufferer, we shall continue to utilize every available legal means to bring re-

newed hope to these unfortunate, as a humanitarian gesture.

Thousands of arthritic sufferers spend hundreds of dollars for "this and that" type of treatment which fails to effect results. They hesitate to spend a little more for treatment which DOES work.

They fail to face the inescapable fact that bargain which do not work are no bargain—they are a total loss.



Miami can be reached by every conceivable mode of travel, automobile, train, air and water.

If you drive, excellent major highways will bring you to Miami from every point in the country.

Conditions Treated At The Biscayne Clinic

ARTHRITIS-RHEUMATISM PROSTATE TROUBLE

NEURITIS
SCIATICA
LUMBAGO
NEURALGIA
GOUT
STOMACH DISORDERS
DIGESTIVE DISORDERS
SYSTEMIC ACIDITY
ENDOCRINE IMBALANCE
DUCTLESS GLAND DISORDERS
MALFUNCTION OF THYROID GLAND
DIABETES (Functional Causes)
BLADDER DISORDERS
KIDNEY DISEASES
NERVOUS DISORDERS
NERVATION

GALL BLADDER DISEASES
MENOPAUSE DISORDERS
COLITIS
HOW-SURGICAL
RECTAL DISORDERS
LOW BACK TROUBLE (Including Discs)
COLON DISORDERS
CONSTIPATION
SYSTEMIC TOXEMIA
GENERAL DEBILITY
HIGH BLOOD PRESSURE
LOW BLOOD PRESSURE
LIVER TROUBLE
MIGRAINE HEADACHES (All Types)
SINUS TROUBLE
INSOMNIA
OBESITY
MALNUTRITION
ANEMIA
AND OTHERS

NOTICE

No advance notice is required for you to come to the Biscayne Clinic. The majority of our patients arrive here by Airlines and take a Taxi service directly to the Clinic where upon arrival they can obtain a room on our grounds day or night. We are only a few hours away from the most distant points and Miami is probably one of the best served cities in the nation by Airline travel.

Suffer Chronic Colitis?

Chronic Colitis, with its resultant auto-intoxication from absorption of the end products of disease-producing bacteria, is one of the most general and prolific causes of human ailments. Most cases of rheumatism, neuritis, sciatica, high blood pressure, insomnia, nervousness, anemia, debility, kidney disease, gall bladder and even associated hardening of the arteries is usually partly caused by colitis and the consequent toxemia. A large percentage of all people suffer from some degree of chronic colitis. Very few persons are found who do not have some type or kind of colon trouble. Coated tongue, sallow complexion, languid feeling and other symptoms often attributed to biliousness are generally due to chronic colitis, not, as a rule, to any disease of the liver. Perhaps in no other human ailment has more progress been made in recent years than in the treatment of chronic colitis. Treatment provided at the BISCAYNE CLINIC is designed to eliminate the cause of this dreaded condition and bring lasting relief to the sufferer.

Chronic Headaches

MANY ARE THE PEOPLE WHO SUFFER FROM CHRONIC HEADACHES AND INDEED THEY DO SUFFER!

Eighty per cent of the human race are more or less subject to headaches. To free the race of headaches would be to increase its efficiency and happiness by 20 per cent. The brain is the seat of life, it is the central plant from which all the organs and tissues of the body draw their life and nerve energy. There are certain centers in the brain which supply certain organs with nerve energy. Disease in one of these organs often causes an ache in its corresponding center in the brain. For instance, an ache in the temples signifies liver disturbance; in the top of the head a digestive disturbance; in the crown of the head the organ of elimination. MANY are the people who suffer from chronic headaches, and indeed they DO SUFFER! However, headaches are not always just what they may seem or what many folks think, insofar as they may indicate far more serious body conditions. Putting it another way, headaches are not always and I might say most generally not, just headaches—just an aching to the head. They are most often indications (Nature's Warning) of



other and more serious conditions in other parts of the body. They are a sort of "kick back" from some other bodily disease. FORTUNATELY, so, headaches like all other disease in the body, have a PRIMARY - FUNDAMENTAL - CAUSE, and in a knowledge of such CAUSE treatment at the CLINIC is designed to eliminate the CAUSES of headaches ranging from the simple to migraine types.

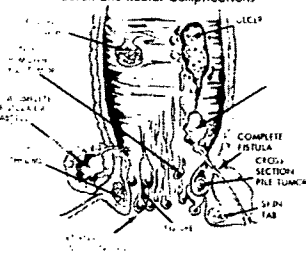
"Years ago the skin, but it is worry that ages the soul. He who refuses to worry is master of every situation . . . Do not worry about the wrinkles you get from smiles."

"The doctors of the future will give no medicine, but will interest his patients in the care of the human frame . . . and in the cause and prevention of diseases."

—THOMAS A. EDISON

The success of the Biscayne Clinic in the management of problem cases is due to the use of scientific and proven methods of diagnosis and treatment. We hope that we may be of help to you in obtaining better health and happiness.

Colon and Rectal Complications



NOTE: We offer non-surgical treatment for Hemorrhoids (piles) safe, successful.

Good health is life's greatest blessing. Once lost completely, it cannot be regained at Any price.



AN IDEAL COLON



Give your health the attention it merits . . . NOW . . . While the chances may yet be in your favor

EXHIBIT 10

Advertisement

Prostate Sufferers Flock To Florida

TAMPA, Fla., Dec. 13 (Special)—Scientific correlation of as many as 20 individual modalities, correlated into one complete system, has effected dramatic results even after other methods had failed.

When not advanced to a surgical state or where cancer is not evident, gratifying results may still be had if your case when clinically treated at The Bragg Clinic, which is nationally known for its specialization in prostatitis.

As a health service, all men suffering prostate trouble are offered a revealing 20-page highly illustrated book describing prostatitis, its causes, treating method, clinic fees, etc., without obligation.

For your **FREE COPY** of this valuable book, write Dept. P-2044, 2124 Grand Central, Tampa 6, Fla.

EXHIBIT 11

FACTS ABOUT PROSTATE GLANDS

The BRAGG CLINIC

2120 Grand Central
Tampa, Florida
Phone 8-1655

Excellent in those cases we must reject, the very vast majority are so impressed with the thoroughness of the examination and diagnosis, and the comparatively low fee for treatments, they remain for our corrective program.

CORRECTIVE TREATMENT OUTLINED

Seldom are two bodies alike (any more than two sets of fingerprints being identical). Even though the symptoms may appear similar in many cases, the causes, complications and attending factors may differ. It is possible they would react differently if the same approach were applied in each case. The best explanation in this instance is the "discovery" of many of our new "miracle drugs." In some cases you may have read where "near-miracles" had been effected. Yet, some time later you may have read of the same "miracle drug" having produced severe ill-effects.

This is another reason why "individualized" professional attention must be given in all instances. The consideration of this all-important factor has been responsible for the Bragg Clinic's phenomenal rise and recognition in its specialization of Prostate Trouble. Yes, even after other avenues of healing had been tried with disappointing results, The Bragg Clinic methods have effected dramatically successful treatments.

The treatments employed at The Bragg Clinic embrace modalities from several healing sciences and these are correlated into one system of treatment designed to eliminate causes and relieve symptoms.

The program of treatment may include: MEDICAL. Injectables and medication are prescribed and administered by a specialized doctor in this field. This particular phase of treating, is based on injection of medication to the infected prostate. Oral administration of medication may also be prescribed to relieve symptoms during the process of eliminating the causes.



Above is a recent snapshot received by us from one of our former patients.

12

COLONIC THERAPY.

This is a highly specialized phase of our treatments and has reached a high state of perfection. Personalized supervision by competently trained technicians has helped produce the results which have given our clinic its broad scope of recognition.

ELECTROTHERAPY.

Several phases, depending on the examination findings, are utilized to their fullest advantage. These include all types of Galvanism, Ultra-Sonic, Audio Wave, Infra-Red, Ultra-Violet, and others.

PLASMATIC THERAPY

This is an original method of introducing heat into the circulatory system, causing stimulation of the blood cells. While the patient is in the middle of advanced age, this modality of treatment is especially beneficial.

VITAMIN EFFICIENCY

Whenever vitamin, hormone or mineral deficiency is discovered (and this is evidenced in practically all cases), the body is brought up to par by prescribing these required supplements.

CHIROPRACTIC.

Where indicated, material benefits can be obtained through a skilled Chiropractic Adjustment. In these instances, fine results are effected in practically all cases.

BATHING FACILITIES.

Steam, Finnish, and Sitz Bathing, followed by Swedish Massage are used wherever indicated, and have their place in our overall program.

With the exception of the injectables noted under the caption "MEDICAL," many sufferers of prostate trouble have had some of the treatments mentioned without more than

temporary relief. It must be realized, however, that when several of these modalities are correlated together, along with the injectables, each treatment supplements the other. It is through this method of approach The Bragg Clinic has been able to outline a program of treatment which is designed both to RELIEVE SYMPTOMS as well as ELIMINATE THE CAUSES. Remember, unless the program is comprehensive and takes in EVERY PHASE OF ILL-HEALTH AS WELL AS THE PROSTATE CONDITION, IT WOULD BE OF LITTLE OR NO VALUE.



13

EXHIBIT 12

Chiropractic Ferrets Out the Underlying Cause of Ill Health

Chiropractic successfully treats such a wide variety of human ills because this healing science concerns itself with the whole body, rather than the disease, or symptoms, from which the patient suffers.

The body's entire built-in disease-resisting mechanism may be thrown out of gear by impingement of nerve systems as they emerge from the spinal column. A misaligned vertebra can cause such interference, and so can street the dust of nerve centers that should service the lungs, stomach, liver, kidneys, spleen, etc., as to impede blood circulation in those places.

Poor posture, due to carelessness, occupational conditions or injury, frequently develops spinal irregularities of major significance.

A pure blood stream, with cells in balanced ratio, is basic to good health. When human blood is contaminated by poisons, due to external causes, or of internal origin, the nerve energy, which supplies the life force to all body organs, is impaired, and it may manifest itself in symptoms that take the

form of casting disturbances, liver trouble, kidney malfunction, heart irregularities, arthritis and many other diseases and disabilities. Such paralytic afflictions as multiple sclerosis, muscular dystrophy, polio, etc., are also traceable to impaired and impeded blood supplies.

It is quite possible for toxic blood to affect the spine and brain, and equally probable that a subverted (slightly displaced) vertebra may be the cause of ill health. In either case it is the chiropractor's professional duty to determine the basic fault and correct it by natural means—adjustment of the bony structure and elimination of the toxic condition at the root of whatever ails his patient.

Once it is understood that good blood in proper supply, is fundamental to vigorous health, that blood diluted by poisons, promotes disease, that chiropractors are equipped by education, training and experience to correct the underlying conditions which cause human suffering, it becomes apparent why Chiropractic is qualified to relieve such a wide variety of ills as the following:

A Partial List of Conditions Treated at Spears Hospital

Stomach Troubles, including ulcers, indigestion, intestinal disorders, Colic, Enteritis, Constipation, Colicities, Diarrhea, Hemorrhoids, Appendicitis.

Kidney ailments, Nephritis, Floating kidneys, Kidney stones, Cystitis, Gall bladder troubles, Gall stones, Liver disorders, Diabetes, Anemia, Leukemia.

Heart troubles of all kinds, Arteriosclerosis, High blood pressure, Low blood pressure.

Bronchial ailments, Bronchitis, Asthma, Hay fever, Tonsillitis, Quinsy, Sinus and Antrum troubles, Lung disease, Catarrh, Pleurisy.

Rheumatism, all types, Arthritis, Neuritis, Bursitis, Sciatica, Lumbago, Gout, Wry neck, Back aches, Foot troubles, Posture defects.

Children's diseases, Cerebral palsy, Infantile Paralysis and Polio, Other crippling disorders, Mental deficiency, Spinal curvatures, St. Vitus' Dance (Chorea).

Multiple Sclerosis, Muscular dystrophy, Amyotrophic lateral sclerosis, Muscular atrophy.

Paralysis, all types, Strokes.

Gland diseases, Goitre, Tumors (cancer, all varieties), Skin diseases, Eczema, ear, nose and throat troubles, Mastoiditis, Headaches, all types.

Sleeping sickness and other brain fevers, Epilepsy.

Nervous ailments, all varieties, Shingles, Insomnia, Sleeplessness, Neuritis.

Female Disorders, Obesity (Overweight and underweight), Male Diseases, Prostate trouble, etc.

"Hopeless" Victim of Spinal T.B. in 1952. Healthy, Athletic Teener in 1962.



Patricia Alexander, Miami, Florida, displays body brace worn when she was admitted to Spears, 1952, afflicted with spinal tuberculosis. She made a full recovery within a year. Ten years later she displays a fine healthy body of a swimmer and all-around athlete. Recently Patsy wrote: "When I was a little girl, the doctors told my mother I would never be able to play games like other children. . . . Now I take part in all school sports and like to swim. . . . Thank you again for making me well and strong." Mrs. George Alexander, her mother, adds: "You would never know Patsy for the same girl who entered Spears years ago. I take this opportunity once again to thank you for giving Patsy back her very life."

Polio Conquered in 1940, Ex-Victim Robust 22 Years Later



Monty Mertya at age 4 when he was presumably dying from infantile paralysis. In 1962, Monty is a successful Denver business man, married, a father, an ardent football fan, with no physical handicaps.

"Who Says I Can't Walk by Myself?"



Danny Rush demonstrates the power of a pair of sturdy young legs in Spears' lobby while his proud mother, Mrs. Laffey Rush, Tusculum, Mo., watches his progress. He made an excellent recovery from hydrocephalus at Spears. Danny is just one of hundreds of children who regained health through Chiropractic after being declared "incurable" elsewhere.

Medical Nurse Takes Sister To Chiropractor for Treatment



Mrs. Agnes May Stolt, Washington Depot, Conn., had suffered for years with painful rheumatoid arthritis, which at times kept her confined to her bed. Shots and drugs gave her only temporary relief, often with distressing side-effects. While visiting her sister, a medical nurse, she was taken to Dr. Andrew Guay, Woonsocket, R. I., Chiropractor. The Dr. N. considered that her husband and seven children, had long been Dr. Guay's patients. Mrs. Stolt obtained considerable help from Dr. Guay but was urged to go to Spears, which advice she followed. Three months at Spears in the fall of 1960 "started her back on the 'happiness trail,'" as she expressed it. Gone were the aches, pains and swollen

Chiropractic Proves Effective Treatment for Hodgkins Disease



Judge Lewis J. Frantz, Bethel, Penn., writes: "I feel worse if not for Spears. I would not be among the living today. . . . He had submitted to 'experimental' surgery in 1960 at which time the correct diagnosis, Hodgkins Disease, was given the ailing Justice. Mrs. Frantz was also ill, victim of back pains, headaches, and extreme nervousness. Former patients of Spears, Mr. and Mrs. Evan Bickel, Dade City, Florida, urged their friends, the Franzts, to go to the chiropractic hospital and this advice was followed. A brief sojourn at Spears in the spring of 1960 was sufficient to clear up the serious troubles of the Frantz family and at last reports they were still enjoying good health.

Joins in hands, arms, shoulders and legs. Recent letters indicate that she has retained the gains she made at Spears and continues to improve under chiropractic care.

Spears Free Clinic & Hospital For Poor Children, Inc.
10th at Jersey
Denver, Colo.

POSTAL PATRON
LOCAL OR

Non-Profit Org.
U. S. POSTAGE
PAID
Permit No. 210
Denver, Colo.

Family of Four Finds Relief from Many Ills



Maurice Koehler, Ferdinand, Ind., shown here with his two pretty daughters, Kathleen and Juanita, is a victim of painful neuritis and sciatica as well as extreme muscular weakness and exhaustion. Juanita had been afflicted with asthma and has never from birth and Kathleen suffered from severe headaches as did her mother. Mrs. Koehler, several weeks' stay at Spears Hospital suffered to restore this family to normal health.

1955 Medical Prognosis: "Three Months to Live" ... Hale and Hearty in 1962



Mrs. Joseph Winkler entered Spears Hospital July 17, 1953, victim of many diseases that had invaded virtually her whole system, after surgery and radium treatment, with the dire prediction from her medical doctors that she could not live three months. That she not only was restored to normal health during the next three months, but is still enjoying that precious condition, was confirmed in a recent letter from her. Mrs. Winkler finds an active life of home and family care for her home and garden, taking part in church and community affairs, with friends, and is devoted to several grandchildren.

Toxemia Conquered by Chiropractic, Girl Restored to Health and Beauty



Almost, but not quite, 15-year-old Dorothy De Hoet, Houghton, So. Dak., suffered an intestinal impaction. She reached Spears before the blockage became complete, after a year of illness plagued by a distressing skin disease, and on the verge of a nervous breakdown. In a few weeks the girl was "herself" again, after correction of a sluggish colon which had produced the severe toxic condition, constipation, often called "the father and mother" of all diseases. When she left for home, vitality restored, her skin was olive radiant, without a blemish, her eyes sparkled, and her whole personality was vibrant. She exclaimed: "It's good to be alive!" Dorothy is now 20 years old, prettier than ever, and was recently married.

Mother Cails Baby's Recovery From Cerebral Palsy 'Miracle'



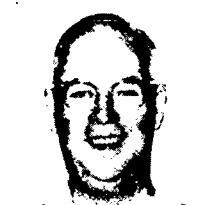
Diana Miller celebrated her third birthday by a visit to Spears Hospital February 7, 1952 and a performance of her own version of the "Twist," learned from TV shows. She little resembled the sad male who had been brought to the hospital when she was 5 months old, a "hopeless" cerebral palsy case. According to medical diagnosis Mrs. Ruby Miller, Diana's mother, took the baby to a Fort Hays, Calif., chiropractor, Dr. Fred Green, when medical doctors could not help her. Dr. Green relieved the child somewhat, but recommended that she be taken to Spears, describing the wonderful results that were being accomplished with cerebral palsied victims in the chiropractic hospital.

Crippled at Six by Perthes' Disease, Boy Makes Complete Recovery



Danny Hunter is shown here at six years, in the racing costume of the Alaskan Speed Club, of which he is a member. Danny, victim of Perthes' Disease in the hip joints already far advanced, was carried into Spears Hospital when he was only six years old referred to the chiropractic institution by Dr. G. G. Mezita, Forsyth, Kan., chiropractor. Several months' treatment was sufficient to bring the boy to the normal health and athletic prowess which he has retained until the present time.

"Triple Threat" to Doctor's Health Controlled by Chiropractic



Woonsocket, B. L. Chiropractor, Dr. Aurelian Gural, found relief from a heart condition, high blood pressure and excess weight at Spears Hospital.

Helpless Since Birth, Muscular Dystrophy Victim Now Walks Without Aid



Larry Larson, who lives with his mother, Berthyan, in Loveland, Colo., was afflicted with muscular dystrophy from the time of his birth. From one doctor to another, in and out of hospitals, was the story of his crippled young life until at eight years, he reached Spears. His own spirit and determination were of the utmost help in bringing about his recovery. Spears doctors declare "Now 12 years old, the lad walks without help, attends school, and enjoys excellent health."

"No Help," Multiple Sclerosis Victim Told by Medics



Mrs. Ledna Thacker, Pikeville, Ky., received the dire diagnosis, Multiple Sclerosis when first troubled by blurred vision and again when her equilibrium became affected. But "M. S. is incurable," nothing can be done for it," were the discouraging pronouncements of the medical specialists consulted. A visit to the local chiropractor, Dr. J. C. Lopez, suggested by Ledna's father, brought relief and the advice that she would make greater progress at Spears. Whereas she "tumbled in" March 5, 1961, she "stepped out" in sprightly fashion two months later, with general health and vision much improved as well as gain and balance.

Patient Reports: "No Epileptic Seizures in Three Years"



Mr. and Mrs. Harold Smith and son Carl, of Look, Wyoming. Mrs. Smith was brought to Spears Hospital in February 1958 by her husband and after practice by Dr. J. B. Bennett, of Lincoln, Colo., she had been a victim of epilepsy since she was fourteen years old. Several weeks of treatment sufficed to clear up her condition. She states that she has had no seizures since that time. She returned for her periodic checkup in January, 1962, still in excellent health with the report: "Feeling fine. No recurrence of seizures."

Recovery from Burger's Disease Added to Chiropractic Lazarets



Bert Crane's Disease is a condition of the arteries to the lower extremities, called for amputation, beginning with the toes, and following with the heel, the complete destruction of the arteries in foot and leg as circulation of blood is progressively shut off. Benjamin A. Crane, retired U. S. postoffice employee, Two Rivers, Wis., a victim of Burger's, was aware of this dread procedure and was determined to avoid it. His local chiropractor, Dr. M. M. Koch, agreed with him, and labored valiantly for three weeks, succeeding in keeping the "black" from spreading. Then he craved a stay at Spears. Mr. Crane was the type of co-operative patient that delights all doctors. He did everything he possibly could to help himself, even to massaging his own legs and quitting smoking. When he left Spears at the end of two months, his toes and feet had returned to normal both in healthy color and, more important, in feeling.

Write for further information to:

Spears Free Clinic & Hospital for Poor Children, Inc.

Dept. SP 7.

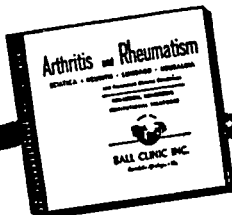
E. 10th Ave., and Jersey Street, Denver 20, Colorado

NAME

ADDRESS

EXHIBIT 13

CHICAGO DAILY TRIBUNE: MONDAY, MAY 2, 1960



this FREE book
reveals how you may get
glorious relief from
➔ **ARTHRITIS and
RHEUMATISM MISERY!**

THE COUPON BELOW, if mailed promptly, entitles you to receive the valuable book, "Arthritis and Rheumatism", absolutely FREE and without obligation. No agent will call.



Early Stage



Destroyed Joint

Send today for this hope-filled, fully illustrated FREE book if you want to discover how you may enjoy all these benefits:

- How to get relief from your agonies a proven drugless way.
- How to avoid crippling deformities.
- How to eliminate the cause of your ailment.
- How to save yourself awful suffering, perhaps even years of confinement.
- How delay in treating arthritis and rheumatism can be dangerous.

But, that's not all you'll find in this wonderfully helpful FREE book that is a goldmine of vital facts everyone who suffers from arthritis, rheumatism, neuritis, sciatica, lumbago and associated chronic con-

ditions should know . . . not by any means. Many exciting revelations are in store for you when you read this amazing book. Please mail the coupon below *at once*, so we can rush your FREE copy to you.

You'll be thrilled to read about a specialized treatment that works wonders for folks who suffer from arthritis and rheumatism. The book explains that this treatment is non-surgical, non-medical — and brings blessed relief even to those who have tried other remedies without success. It even benefits many who have given up hope of ever being free from their aches and pains.

You won't want to miss reading why drugs and medicines give you only temporary relief, and fail to correct the cause.

We know from years of specializing in helping people overcome these dread afflictions just how terrible the suffering can be. We know that the pain is sometimes almost unbearable. But we know that blessed relief, which seems like a prayer answered, may be possible. No wonder, then, that we urge you to send for the heart-warming FREE book that tells how!

**Please Accept
This Invitation Today!
Delay May Be Dangerous!**

Fill in and mail the coupon below today and we will rush you this informative FREE book. Arthritis and rheumatism usually get worse if not properly treated in time. Don't wait even another day to accept this FREE offer. Tomorrow you may forget all about it, or mislay this advertisement. The loss will be yours. Now, while this advertisement is in front of you, fill in the reply coupon and mail it TODAY!

MAIL THIS FREE BOOK COUPON!

Dept. 104, Ball Clinic,
Excelsior Springs, Missouri

YES! Please rush the FREE book that reveals how I may find glorious relief from misery of arthritis and rheumatism . . . without obligation. I understand that no agent will call on me.

NAME _____

STREET OR BOX NO. _____

CITY _____

ZONE _____

STATE _____

HERE'S PROOF!

"Three days after treatment I put my crutches in my car."—Mr. B. B. Roy, N.M.
"Not many men of four score years claim such a comeback."—Mr. J. M. P., Ala.
"I never felt better in 10 years than now."—Mr. F. H. Aurora, Ill.
"Am testing fine. Haven't had a rheumatism pain the last year."—Mrs. O. P., Ind.
"I hung my crutches on a nail—I couldn't be better."—Mr. G. W. Hastings, Minn.
"I am able to be at ease for the first time in 18 years."—Mr. O. L. P., Manchester, Tenn.

Over 70,000 people have been treated at the Ball Clinic. 95% are delighted with the results!

THE BALL CLINIC

Dept. 104, Excelsior Springs, Missouri

[From Today's Health, July 1961]

EXHIBIT 14

WHAT YOU SHOULD KNOW ABOUT PHONY ARTHRITIS REMEDIES

Among the still unsolved mysteries of medical science are the real cause and cure of arthritis. But hucksters who prey on the pocket-books of hopeful arthritics reap a multimillion-dollar harvest through the promotion of sea water, "immune milk," alfalfa tablets, and other worthless treatments.

(By Kenneth N. Anderson)

Arthritis is not a disease that is likely to kill you. But people who are stricken by some forms of arthritis often wish it were fatal. It can be painful beyond the imagination of those who have not experienced attacks of the ailment. In its severe ravages, victims are unable to endure the mere touch of a bedsheet. If not diagnosed and treated correctly in time, arthritis can cripple. Rheumatoid arthritis may cause muscles to wither and joints to fuse in one solid mass.

SEVEN HUNDRED NEW VICTIMS EVERY DAY

Arthritis attacks like a sadistic ghost. It moves unseen into the body. It may torture a patient for a few days, then vanish. Or it may return again and again. It defies a specific cure. If it is transmitted by bacteria or virus, the organism has never been seen. Yet nearly 12 million Americans suffer from arthritis, and citizens of all ages and backgrounds are joining the long list of victims at the rate of 700 per day.

Because arthritis is such an elusive ailment, as far as cause and cure are concerned, and its pain so vivid, arthritics easily become targets for unscrupulous promoters of quack therapy. No quack "cure" apparently is too outlandish or too costly for the desperate victim of arthritis, despite the fact that his own family doctor can help the patient to obtain the newest medicines and methods of treatment that reduce pain and swelling and restore use of the affected joints.

For example, the Arthritis & Rheumatism Foundation estimates that around 5 million Americans spend \$252 million a year for misrepresented products offered to cure or relieve arthritis. This amounts to an average of \$50 per victim spent each year for items ranging from filtered sea water to alfalfa tablets.

DELAY CAN CAUSE CRIPPLING

Ironically, the money wasted on useless treatment for arthritis far exceeds the private funds available for scientific research into the cause of arthritis and its cure. A year ago, the foundation dispensed a total of \$800,000 for arthritis research. The same amount was spent in 1 year to advertise a single brand of arthritis medicine on network television.

Many of the products advertised are harmless, except that time and money wasted on such self-medication may delay proper medical treatment. And delaying medical treatment may result in needless crippling of arthritis patients—the majority of whom can be helped with modern steroids and other drugs that are not advertised on TV or in newspaper or pulp magazines.

SEA WATER AT \$3 A PINT

Some of the misrepresented products, however, can be quite harmful for arthritics, or even normal persons. One such product cited by R. W. Lamont-Havers, M.D., medical director of the Arthritis & Rheumatism Foundation, is sea water.

Sea water, condensed to 10 times its normal concentration of minerals, has been sold throughout the country and advertised in newspapers at prices of around \$3 a pint. One advertisement begins: "Hundreds of longtime arthritic sufferers and many others suffering from deficiency ailments have praised this miracle of nature for its relief giving rejuvenation of pain-ridden bodies." Promotion of the sea water implies that numerous ailments including "unsightly adolescent face pimples" as well as cancer, diabetes, gray hair, baldness, and arthritis are caused by a lack of minerals in the human body and these minerals can be supplied by drinking sea water.

Some patients who have been taking this sea water, says Dr. Lamont-Havers, are coming to their physicians with "waterlogging" of the body. "This is caused by the excessive intake of salt and could have very serious consequences in patients with heart and kidney disease. There is also danger of infection from unpasteurized sea water."

ADDED MINERALS CANNOT HELP

Nutritional and curative claims made for commercially prepared mineral sea salts have also been debunked by the American Medical Association.

"These claims are typical of the claims made by food faddists regarding minerals in our diet," said Ogden C. Johnson, Ph. D., of the AMA's Council on Foods and Nutrition. Writing in the *AMA Journal*, he continued:

"The average mixed American diet contains adequate amounts of vitamins and minerals. The importance of such minerals as iodine, copper, and iron in our diet has been demonstrated, but except for iodine and iron it is not possible to demonstrate a deficiency.

"The suggestion that nutritionists have been pointing out the mineral deficiency in our diet is without foundation, and this claim is invariably made by food faddists and quacks whose prime interest is in making money. The suggesting often made that vitamins require minerals for absorption and that minerals can enhance the effectiveness of vitamins is without foundation.

"The requirements for minerals are relatively specific and are important only in those areas where a true dietary mineral deficiency can be demonstrated. Such deficiencies as iodine deficiency in endemic goiter belts and iron deficiency among certain groups within our population are the only true danger areas."

Kenneth B. Willson, president of the National Better Business Bureau (NBBB), says, "Persons who suffer from arthritis and other ailments should not expect to obtain any relief through adding sea water to their diets." Furthermore, the mineral constituents found in sea water are no different than mineral constituents present in ordinary foods.

Willson also points out:

Although advertising and labeling may refer to the "44 chemicals present in sea water," labeling usually contains no information as to the amounts of the minerals purportedly present. The label of 1 product listed only 6 chemicals, although the advertising referred to 44 chemicals.

According to some oceanographers, trace elements present in sea water, as well as the amounts of such elements, may vary from season to season and from one area to another.

The amounts of calcium, phosphorus, iron, and iodine which would be obtained through taking even several tablespoons of sea water daily, as recommended by firms advertising sea water, would be infinitesimal.

The only disease in man that is known to be associated with any deficiency of soil or water is simple goiter due to a lack of iodine in certain areas, and that deficiency may be remedied by the use of iodized salt.

In a recent action against sea brine, the Food and Drug Administration moved to break up what Commissioner George P. Larrick described as a "nationwide sea water swindle." U.S. marshals in Texas, California, Indiana, Ohio, Pennsylvania, and Michigan seized about 2,000 bottles of sea water packaged by a Florida laboratory.

Larrick branded the advertising accompanying the sea water "false and misleading." This literature asserts that sea brine is effective in the treatment of numerous diseases including arthritis and that it adds minerals to the diet that would otherwise be lacking. "These allegations are false," declared the Commissioner.

Sea water is not the only pseudopanacea offered to desperate sufferers of arthritis. The Federal Trade Commission (FTC) recently ordered a halt to false advertising claims in connection with a book which had been a "best seller" for 42 weeks. The book originally sold for \$2.50 a copy but as nationwide promotion increased its popularity, the price rose to \$3.95.

According to the NBBB, the basic theme of the book and its advertising is that arthritis and related conditions will be corrected and effectively relieved by a dietary regimen which includes cod-liver oil and orange juice and use of other foods and beverages prepared and eaten in certain recommended sequences.

The author's theory is that "water and oil don't go together" and that if water

is consumed with a meal and there is oil in the meal, "it'll lead to arthritis." Carried a bit further, the book suggests that the use of milk or cream in coffee is a violation of the rule that oil and water do not go together.

It is the thesis of the book's author, says the NBBB, "that the most important control and management of arthritis consists of diet, water intake at controlled temperatures on an empty stomach, and the administration of cod-liver oil in controlled dosages for the purpose of supplying lubrication to the joints of the body."

How many people would bite on this bait? The NBBB figures that more than half a million persons have purchased the book.

Some of the advertising which the FTC found objectionable included this statement: "Read these findings by an authority. This expert has spent his entire lifetime specializing in research on just one disease—arthritis."

The NBBB has this to say about the author of the book:

He is president of the corporation that publishes, advertises, and distributes the book. The author and his wife own 50 percent of the corporate stock of the publishing company and, in addition, he receives an author's royalty amounting to 15 percent of the retail sales price of each book.

The author identifies himself as a "Ph. D." but the FTC found the doctorate was unearned; that it was bestowed by a college in England that the author had never visited; that he "sent a check for \$100 in appreciation thereof" to the college prior to receiving the degree.

A second honorary degree, "doctor of arts and oratory," was awarded by an American college after the author had made a "contribution" of \$1,000 to the college.

Medical witnesses at the FTC hearing contended that, contrary to the theories contained in the book, cod-liver oil is not absorbed from the gastrointestinal tract as cod-liver oil; that mixing cod-liver oil with fresh orange juice to prevent the digestion of the cod-liver oil in the gastrointestinal tract is without foundation in fact; that such mixing does not enable the cod-liver oil to go directly to the joints.

The medical witnesses also testified that taking cod-liver oil "will not arrest the progress of, correct the underlying causes of, or cure arthritis, rheumatism, or related conditions, nor would such a procedure afford relief from the pain, stiffness, or other manifestations of any of the named diseases."

Still another of the 1,200 types of treatment offered to arthritis victims with misleadingly implied benefits is "immune milk." The milk allegedly gets its "immunity" to rheumatoid arthritis from antibodies produced in the udders of cows injected with streptococcus and staphylococcus vaccines. By drinking a quart of the milk each day, at \$1.10 per quart, the victim of rheumatoid arthritis is supposed to acquire "immunity" or "cure." And the milk must be consumed for a "prolonged period to terminate the disease entirely."

Dr. Lamont-Havers says there is "no evidence that streptococci or any other living agent directly causes rheumatoid arthritis," and that treating patients by injecting such vaccines was tried and discarded by physicians more than 20 years ago. "Even if these antibodies were beneficial to sufferers," Dr. Lamont-Havers adds, "careful studies have shown that antibodies in milk are infrequently absorbed by humans."

As for alfalfa, recently revived as a quack offering to arthritics, a report by Ruth Walrad, research consultant to the Committee on Arthritis Advertising of the Arthritis and Rheumatism Foundation, had this to say: "Fine for livestock, the product is of no value to humans, arthritic or not. As with other worthless nostrums, the claims for alfalfa fablets, teas, and other brews are flagrantly extravagant since the product must be bought, not for its ingredients, but for its promises."

One of the alfalfa tablets offered victims of arthritis, according to the report, contained one-half grain of desiccated alfalfa leaf and 3 grains of aspirin. This type of treatment is but one of many in the category of "glorified aspirin," products that usually have aspirin as their only active ingredient although they are promoted as having benefits superior to those of aspirin. The price tag for some kinds of glorified aspirin may be 25 times that of the amount of ordinary aspirin needed to give an equal amount of temporary relief.

For arthritis sufferers who like to take their treatment from a bottle, there is a wide range of "medicines"—none of which will provide any more of a cure than the glorified aspirin. Some of the useless nostrums are simply revivals of the patent medicines peddled by itinerant quacks a century ago. They contain

various assortments of herbs or fruit and vegetable juices suspended in water glycerine, or alcohol. One brand that has proved quite popular contains vitamin B.—plus more alcohol than you'll find in an equal amount of French brandy. Another bottled wonder is promoted with the suggestion that its contents will treat your arthritis and rheumatism by cleaning the "poisons" out of your blood.

If the arthritis patient had any money left after treating himself on the alfalfa, alcohol, and glorified aspirin circuit, he could invest in an array of improbable gadgets that would arouse the envy of Rube Goldberg. One device confiscated by the Food and Drug Administration (FDA) was a plastic lampshade and bulb. When a piece of blue plastic was placed over the lampshade opening, the promoters claimed, arthritis and rheumatism would be cured by bathing the affected limbs in the glow of the blue light. Another contraption (price \$50) was supposed to produce an effect called a Z-ray. The Z-ray would restore the health of the arthritis victim by "expanding the atoms" in his body, according to its promoters.

Many treatments involve the supposed benefits of radioactivity or electronics. But the only known benefits, investigators report, have accrued to the people who make money by exploiting arthritics with such useless devices. Thousands of hopeful arthritis patients have paid as much as \$10 a visit to sit in old mine tunnels or ore-lined rooms which supposedly contained healthful radiations from uranium. Such treatments not only are a waste of time and money for arthritis victims, warns the FDA, but "any product emitting enough radioactivity to affect the functions of the body is dangerous to use without medical supervision."

Patients who are taken in by such claims are not necessarily the unsophisticated country cousins, says the Arthritis and Rheumatism Foundation. It points out that plain copper bands, nothing more than can be purchased for a few cents in any novelty jewelry shop, are promoted for the treatment of arthritis "ironically in the very shadow of that great depository of knowledge, the New York Public Library."

Among the cruel results of the promotion of misrepresented products, says Dr. Lamont-Havers, are not only the false hopes raised in the minds of the Nation's arthritis victims, but public pressure to devote valuable research time to testing theories which show no promise of being effective.

The cost of misrepresented products, a quarter of a billion dollars a year, is not the only slice taken out of our national wealth by this chronic crippler. The amount of job time lost by employed arthritics is the equivalent of 470,000 people thrown out of work each year. The annual loss in wages and taxes totals more than \$2 billion.

How can arthritis and rheumatism patients avoid wasting their money on worthless products or those whose claims are exaggerated? Here are a few suggestions:

Consult your family doctor regularly. He has access to the latest knowledge about sound, scientific treatment of your ailment.

Do not buy any product—drug or device—for treating your illness without consulting your family doctor about its value.

Be suspicious of any product that promises more than temporary relief or claims to be a "cure." Remember that the real cause and cure of arthritis are still unknown.

Be aware that arthritis symptoms may come and go suddenly. If the symptoms become less noticeable while you are using a particular product, the product may have had nothing to do with the remission.

Learn more about arthritis and rheumatism. Have your doctor recommend sound educational material on the subject, or write to the Arthritis and Rheumatism Foundation, 10 Columbus Circle, New York 19, N.Y.

Remember that time is very important in the treatment of arthritis. The majority of patients today can avoid serious crippling if the symptoms are recognized early and correct therapy is begun promptly.

FACTS ABOUT ARTHRITIS

Q. What is arthritis?

A. The word "arthritis" literally means "joint inflammation." The Arthritis and Rheumatism Foundation lists more than 60 different rheumatic diseases—ailments marked by pain or swelling in the joints, muscles, or other tissues linking bones and muscles. Physicians prefer to include under the term "arthritis"

only diseases affecting the joints. The most common forms are rheumatoid arthritis and osteoarthritis, each of which afflicts more than 5 million people in this country alone. Gout, one of the arthritic diseases, affects an additional half-million persons.

Q. Is arthritis a disease of old people?

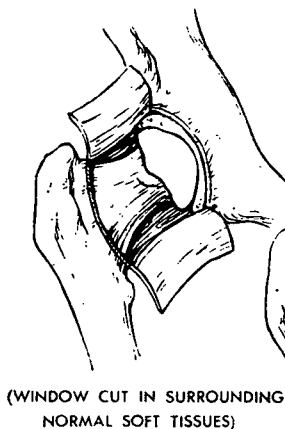
A. Osteoarthritis affects almost everyone who lives long enough since it is related to the normal wear and tear on the joints over the years. Many people in their sixties have osteoarthritis but are unaware of the disease simply because it has not been painful so far. Rheumatoid arthritis strikes at any time from infancy to old age. Most frequently, the victims of rheumatoid arthritis are young adults, between 20 and 45 years of age.

Q. Does arthritis affect women more often than men?

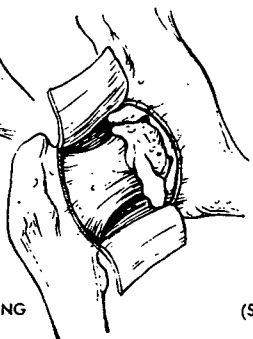
A. Yes and no. Ninety percent of gout victims are men. Rheumatoid arthritis, sometimes described as the most crippling form of rheumatic disease, strikes women three times as often as men. Some studies further indicate that unmarried women are more susceptible than married women. Osteoarthritis afflicts to some degree 80 percent of women past 60. One form of arthritis, however, seems to strike young male adults in particular. This disease, rheumatoid spondylitis, affects about 10 men for every woman victim.

Drawings below show normal hip joint (left) and changes caused by the two most common forms of arthritis. In osteoarthritis (center), cartilage cushion wears away and facing bone surfaces, once smooth, become rough. In rheumatoid arthritis (right), soft tissues around joint are swollen and inflamed; in advanced rheumatoid arthritis, soft tissues and bones may fuse to "lock" joint.

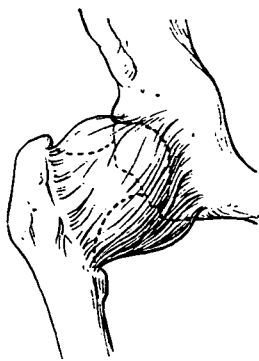
**HEALTHY ARTICULAR
SURFACE OF JOINT**



**OSTEOARTHRITIS
(DEGENERATIVE DISEASE)**



RHEUMATOID ARTHRITIS



(SWELLING WITH INFLAMMATION OF
SURROUNDING SOFT TISSUES)

Q. What causes arthritis?

A. The exact cause is not known. One popular theory is that the ailment may be caused by an allergic reaction to an infection in some other part of the body. Some researchers think rheumatoid arthritis is caused by a virus, although the infecting organism has not been found. Millions of dollars are spent each year in a search for the cause. One of the more promising studies shows that a substance known as the "rheumatoid factor" appears in the blood of people afflicted with rheumatoid arthritis but does not appear in the blood of normal persons.

Fatigue, physical or mental, is known to be a factor that triggers the start of an arthritis attack. The disease frequently flares up in patients who have worked themselves to the point of exhaustion. Injury or infection also may start an attack of arthritis.

Q. Is arthritis a fatal disease?

A. Several of the less common forms of arthritis can be fatal. Systemic lupus erythematosus may cause death by involving the heart, lungs, and other vital organs. Most other forms of arthritis, although they may produce unbearable pain, are not directly fatal. They may, however, shorten the life of a patient by hampering some of the normal body functions.

Q. Can arthritis be cured?

A. There is no specific cure for arthritis and only gout and infectious arthritis are completely controllable at the present time. But the pain and swelling in most arthritis patients can be controlled by sound medical treatment, and the joints and muscles can be rehabilitated by physical therapy.

Q. Are special diets recommended for arthritis patients?

A. There is nothing you can eat or not eat that will cause or cure arthritis. Extensive research has been conducted in the area of food and arthritis and the only conclusion reached is that the arthritis patient should have well-rounded, nourishing meals—the same as normal persons. If overweight, the patient should shed the excess pounds simply to reduce the load on the inflamed joints. The majority of women with osteoarthritis are overweight, according to the Arthritis and Rheumatism Foundation.

Q. Does exercise help?

A. Yes, but it should be under medical direction. The exercise should be directed toward maintaining or restoring the muscle loss that is threatened by arthritis. And the exercise should be accompanied by adequate rest. The family physician should be consulted about specific kinds of exercise that will help the individual patient without causing further damage to the joints involved.

Q. Should an arthritic move to a warm climate?

A. People in all parts of the world suffer from arthritis. The disease was known among the ancient people of sunny Italy and Egypt. Some patients suffer more on cold, damp days than on warm, dry days; some feel better. Other factors should be considered before making a move, however. One is the possible emotional problems of the arthritic who has been separated from old and close friends and relatives.

Q. What are the warning signs of arthritis?

A. Rheumatoid arthritis may begin with pain and swelling of the joints, persistent muscular aches and pains, unexplained weight loss, fever, and weakness. Osteoarthritis may start with noticeable pain and stiffness in the lower back, knees, and other joints, and tingling sensations in the fingertips. Don't attempt self-medication when such symptoms appear. Instead, consult your physician as soon as possible. Early and proper treatment of arthritis can prevent crippling in 70 percent of the persons affected.

James Thacher from Massachusetts served as a surgeon's mate at Ticonderoga and in the Burgoyne campaign and was distinguished for his extensive military diary, during the war, and his historical writings afterward; he also wrote a dispensatory and a Modern Practice of Physic. Those medical aspects of the Revolution that he recorded are fascinating but scanty. But he did hand down a description of Captain Greg, who was scalped and survived, and of the wounds infested with maggots and how they were cleaned up with the tincture of myrrh, and other particulars.

EXHIBIT 15

[By Dr. Paul Niehans]

Help from Animal Cells?

The way Dr. Paul Niehans, a stony-faced, ramrod-straight Swiss physician told it, his theory and practice of "cellular therapy" sounded plausible enough. Thirty years ago he had begun transplanting parts of animals (glands, and organs such as liver and kidneys) into human beings to correct dwarfism, tetany,* and other disorders resulting from underactive glands. But in 1931 he was confronted with a woman dying of tetany and too weak for the operation. So Niehans injected a mass of cells from the parathyroid gland of a freshly slaughtered calf.

"She is still alive today," Niehans last week told a twelve-nation conference of physicians at Karlsruhe, Germany. "Since then I have made 5,000 injections. I have found a means to cure those armies of persons bodily and mentally depressed, suffering from defective functioning of organs."

This brought orthodox, conservative doctors to the edge of their chairs and

started the hottest argument of a hot week in Karlsruhe. Niehans, whom some of his colleagues called arrogant and authoritarian, laid down strict rules for his method. The younger the animal from which glands or cells were taken, the better. This meant using calves, piglets, or other young animals still unborn—taken from dams slaughtered just before they were due to litter. (At one time his patients had to go to slaughterhouses for treatment with fresh tissues, but a Heidelberg chemical company has found a way to preserve the cells in powdered form so that they keep indefinitely.) Niehans insists that his treatment must not be tried in cases of infection or other acute illness, and no other medication whatever must be given for several months after it.

Several doctors who have adopted the Niehans technique, giving injections of embryonic animal cells at costs ranging from \$3.50 to \$20, supported his claims. But others shook their heads. There are great dangers: allergic reactions, shock, accidental infection with viruses or other microbes. There is a good chance that the "placebo effect" (i.e. mental suggestion) is responsible for improvement in many patients. Others, especially those suffering from a transient form of tetany, get better spontaneously.

Niehans himself admitted: "I can only report what I have seen. Exactly what happens inside the body and the various organs I do not know. But I hope to have the solution one day."

* Muscular spasms, often caused by defective parathyroid glands.

EXHIBIT 16



Dr. Paul Niehans of Switzerland is either the most successful medical faker of our time or a research genius long overdue for the Nobel Prize in medicine

World's Most

Just across the lakeside town of Clarens, not far from fashionable Montreux, Switzerland, you see the neat, overhead sign of Dr. Niehans' "Clinique Generale La Prairie" across the narrow side road. It is a well-traveled little path. Up this hillside road, according to informed sources, have come Somerset Maugham (then 78—now 82), artist Georges Braque (then 77), Gloria Swanson (80), King Ibn Saud (57) and Charlie Chaplin (70), who lives down the road a piece at nearby Vevey.

Down this road has come Dr. Niehans, himself, to give his treatments more discreetly elsewhere to the late Pope Pius XII, the Duke (63) and Duchess (63) of Windsor, Konrad Adenauer (83) of Germany and dozens of other prominent international figures.

"The General Clinic of the Field" is a well-kept three-story light gray stone chalet that looks like a small Swiss hotel. Inside, several white-clad young women are busy in the front office. A duff-coated middle-aged Englishman, fresh from treatment, mildly protests the site of his bill. In the palegreen-walled waiting room, you can hear an American voice emanating from one of the private rooms opposite: "Say, nurse, do I get one needle or three today?"

The hypodermic needles the patient is referring to are used to inject into him millions of mashed living cells prepared from the unborn offspring of freshly slaughtered sheep. Several hundred thousand such injections have convinced Dr. Niehans—and quite a few of his medical followers all over the world

—that these cells have cured a bewildering variety of diseases, staved off the effects of aging, revitalized older men and women. He claims they have even prevented the onset of cancer in his older patients.

Dr. Paul Niehans is a tall, slightly stooped, white-haired man, remarkably youthful in appearance. Now 77, he looks as if he has yet to reach 60.

He has given himself many injections of fresh animal cells (to test them), following the New Testament injunction, "Physician, heal thyself." Before he turned to medicine he was formally trained for the Protestant ministry.

Why has he never published his results in a leading Swiss or U. S. medical journal? Every ethical doctor knows he owes it to his colleagues to let them know when he discovers a new and successful therapy.

Dr. Niehans smiles cryptically: "Why? Very simple. The results I have obtained are so fantastic that they would not be believed."

The doctor's home, *Genevieve* (much in the Sun), a two-story mansion (owned by Emperor Haile Selassie of Ethiopia before World War II) is about a mile away from his clinic. The solid and luxuriously built mansion sits in the midst of many beautifully landscaped acres high over Lake Geneva.

Inside in the enormous drawing room hang several old masters—Van Dyck, Durer and Diaz. Undertoot is a huge and very expensive needlepoint carpet. But of all of his possessions Niehans is



Many an aging celebrity has passed beneath the sign—which means "The General Clinic of the Field"—to enter the hotel-like hospital (above) for injections of mashed animal cells under the supervision of the vigorous 77-year-old Swiss physician.



The fact that Dr. Niehans charges some of his prominent and prosperous patients have made it possible for him and his English-born wife to be comfortably in this mansion once owned by Emperor Haile Selassie.

Controversial Doctor

By MURRAY TEIGH BLOOM

understandably proud of a pair of gold cuff links and a framed black and white photograph standing on a desk. The cuff links, bearing the keys of St. Peter, were given to him by Pope Pius XII. The photograph shows the late Pope, with the doctor and Mrs. Niehans, after the Pontiff recovered in 1954 from a near-fatal illness. He attributed his recovery to the fresh animal cell injections he received from Dr. Niehans.

Instrumental in bringing the former Protestant divinity-student-turned-doctor to the bedside of the spiritual head of Roman Catholicism was the head of the Pontifical Swiss Guard, Piytr von Attihofen. Until he was called in to treat the 79-year-old Pope in January, 1954, Dr. Niehans was not very well known. But with this patient's remarkable recovery, Dr. Niehans became a much-discussed man.

In 1955 he was named to a seat in the Pontifical Academy of Sciences, one that had been held by the late Sir Alexander Fleming, discoverer of penicillin. "Cellular therapy," as he calls his specialty, got an even greater push forward in 1956 when the Pope publicly endorsed the treatment before an international gathering of surgeons.

Dr. Niehans' position in Switzerland is a peculiar one. He is not listed in the Swiss "Who's Who," although he is in the German one, mainly because he has been honored by the University of Tübingen in southern Germany for his medical work.

"Only here in Switzerland," the editor of *Weltwoche*, an influential

Swiss weekly, wrote in 1957, "has Niehans' method of therapy not found favor. . . . Like most pioneers in medicine Niehans finds himself faced by suspicious doctors. Most people in Switzerland first heard of him only from the foreign press after the doctor was called to the Pope's bedside in 1954. That Dr. Niehans cured the Pope cannot be proved. It is a fact, however, that he did not let him die." (Pope Pius died in October, 1958, at the age of 82 after two cerebral strokes.)

Dr. Niehans' relations with Swiss organized medicine are sticky. His one known follower among Swiss doctors, Dr. Franklin Birchler of Zurich, was sent October, 1957, kept out of the Zurich Medical Society. Swiss patients who visited him for cellular injections were harassed by questioning phone calls from Zurich's Public Health Department. But in the past two years Dr. Birchler has been "rehabilitated" by the Medical Society and there is, apparently, no longer any official objection to his use of cellular therapy.

But Dr. Niehans himself still encounters great hostility and jealousy among his medical colleagues in Switzerland. They accuse him of being a vain publicity seeker and of profiting from his "improved therapy." A few weeks ago he was officially enjoined by the Vaud Canton Medical Society from giving any press interviews.

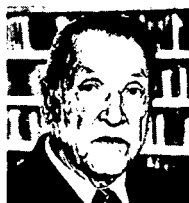
Dr. Niehans' minimum fee for treatment is 500 Swiss francs, or about \$125, which includes \$40 for the purchase of

the animal, the cells of which will be used for the injection. The animals are slaughtered at the nearby Chaux abattoir. Obviously the minimum fee is not charged very often. Wealthy patients generally pay much more. Two Zurich businessmen report that they were charged \$1,000 and more for cellular therapy by Dr. Franklin Birchler.

One Swiss physician, who dismisses Niehans' work as of no importance, says, "In America a doctor who sets himself up as a diet expert can make a fortune quickly if he gives his women patients enough injections. Well, here in Europe many doctors have grown rich giving injections of fresh cells. They've been so busy," he adds caustically, "none of them has had time to tell the rest of us why the cells should work or even how often they work."

On the other hand, Friedrich Holzappel, the German Ambassador to Switzerland from 1953 to 1958, is now helping to organize an International Committee for Research in Cellular Therapy. It was formed early in 1959 and consists of the world's 25 leading medical practitioners of cellular therapy. Dr. Hermann Hoepke, widely respected Professor of Anatomy at Heidelberg University, is chairman. Dr. Niehans, honorary president.

"This organization," Herr Holzappel explains, "will gather statistics on the effectiveness of cellular therapy from the five or six hundred doctors all over the world who are now using this process. So far the only figures we have are those of Dr. Karl Sprado of Frankfurt who has" (Continued on following page)



Many people are ready to believe that 85-year-old Sommerblom had added years to his life when, at age 75, he visited Dr. Niehans.



In Germany they call Chancellor Konrad Adenauer "Der Alte"—the Old One. He's 83, and member of Dr. Niehans' celebrated patients.



When Dr. Niehans went to a meeting of medical men in Rome in 1957 he had a chat with his most famous patient, the late Pope Pius XII. When the Pope publicly attributed his recovery from a serious illness to Niehans, the Swiss doctor became famous.



The aging Duke and Duchess of Windsor (they're both in their sixties) are numbered among the Swiss doctor's V. I. Patients. They did not make headlines by going to The General Clinic of the Field but discreetly had the controversial doctor come to them.



At the age of 73, the French socialist premier, George Brown, is a youthful oddball who has asked cells injected into his system.

Other Swiss doctors are suspicious of Niehans and accuse him of being a publicity seeker

treated 2,500 patients with cells. He estimates that his successful cases are 55% to 58% of the total.

"But we have other doctors who insist that their cure rate is much higher and there are some, I admit, who have tried it and dropped it quickly when they failed to get good results. But soon our organization will have reputable medical representatives from Switzerland, Germany, Spain, Austria, Italy, Sweden, France and Holland."

Why not from the United States? Herr Holzapfel's wife, who once lived in Bayside, New York, and served as a nurse at the Lenox Hill Hospital in Manhattan, answers:

"Those doctors in America! They say if it wasn't discovered by an American it can't be much good. As a trained nurse I've seen many cases where cellular therapy literally saved the lives of men and women."

Dr. Niehans' wife is a slender, charming former Englishwoman. She was brought to Switzerland by her mother when she was 18. The Niehans have one child, a married daughter who lives in the city of Berne where Dr. Niehans was born and where his father was

professor of medicine at the University.

"In a way," Mrs. Niehans remarks gently, "it is just as well that my husband doesn't have the medical following in the States that he has here. Both of us love to travel and when we were in New York recently we stopped at the Waldorf-Astoria. No publicity, no interviews and no frantic phone calls from doctors who wanted to discuss some special case. It was a welcome respite." She, too, claims to have benefited greatly from her husband's therapy.

The "bible" of the Niehans' method is a little book, *Cellular Therapy*, written by the doctor himself.

"Any American publisher," he says, "has permission to bring out my book without payment of royalties to me. In that way perhaps some American doctors will get a better idea of cellular therapy than from some of the nonsense that has appeared in some of the more lurid newspapers."

Briefly, the contents of the slim 120-page volume come to this:

There are 40 trillion cells in our bodies and each cell is "a carrier of life," a small-scale body which can main-



Seventy-year-old Charlie Chaplin (shown here with his fourth wife, Oona O'Neill, and five of their six children) is often pointed out as a potent example of what Dr. Niehans' cellular treatment can do for the aging.

who is cashing in on an unproven therapy

lean itself, assimilate, change and excrete. All our lives new evils are being created as others die. It follows that a disease of the body is a disease of its cells. Cellular therapy can cure the ailing body by supplying the cells of young animals. The physician must choose the right animal organ from which to select the cells which can give the sick human body a new lease of life.

Hormone therapy already employs this principle since the hormones are usually prepared from the glands of cattle. But hormone treatment, Dr. Niehans says, is treatment without end. It does not lead to cure. On the other hand, a single injection of fresh animal cells can sometimes cure a physical disorder, he claims.

Until 1931, Dr. Niehans, who lists himself as a surgeon and endocrinologist, had considerable experience grafting animal glands into sick human patients, a now outmoded procedure. In that year he was sent a patient whose parathyroid gland had been cut during an operation. Dr. Niehans first planned to graft an animal parathyroid into the patient but he quickly realized that she was too weak to survive such an operation. "What could I do?" he writes in his book. "I cut in very small pieces an ox parathyroid, placed the pieces in a physiological serum and injected the mixture in the patient's muscles connecting the arm and the chest. I thought the action would be of short duration and one that would have to be repeated often to keep her alive. But to my great surprise the cellular injection was active a long time. . . . After 26 years the patient is still free of the muscle spasms associated with a deficiency of parathyroid gland secretions."

"Very carefully I injected other organ cells in the muscles and they were all extraordinarily well supported even by weak patients. In this way I injected cells from all animal organs, taking the necessary cells from unborn animals or very young ones."

"In 1948, working with some colleagues, I found that by strong cooling and drying in a vacuum we could conserve fresh cells."

"The preserved cells are mainly for older men and women and for diabetics, Dr. Niehans explains. He thinks that live cells would stimulate them too much."

How can he tell which of his patient's glands are working poorly? He has the patient's blood and urine analyzed in a private laboratory where they use a very delicate series of tests.

One specific objection of Niehans' medical opponents is that these tests are not accurate or as specific as he claims they are. The other point of their skepticism is the vast range of his claims for animal cell injections. He says he has cured:

Pre-puberty dwarfism in children; insufficient growth of genital or mammary glands; obesity due to malfunctioning of the pituitary or thyroid glands; mongolism in children, and even mental retardation insofar as it affects speech development; the absence of menstruation; homosexual and lesbian tendencies; habitual abortion; high and low blood pressure; diminished sexual desire; signs of impotence; curiously of the liver; weakness of the cardiac muscle; hardening

of the arteries; fatigue; memory lapses; insomnia and depression.

After studying this list, an American doctor exclaimed, "The old snake oil pitchmen didn't claim as much."

The fact is that Niehans claims even more. None of his older cellular therapy patients, he points out, has gotten cancer. Normally, at least one of every three of them would have contracted some form of cancer in later years. There is no outside verification of this extraordinary claim.

But, marvelous as they are alleged to be, Niehans admits that the little cells can't do everything. They are useless when they come up against internal infections. And there are other enemies of the young cells that the patient must guard against.

"Please do not have any X-rays, ultra-violet rays, dathermy, sun baths, Turkish baths, nicotine, liquor or any vaccinations," Niehans warns his patients.

In Zurich lives a hard-headed, practical journalist, a former patient of Dr. Niehans. His case history is interesting.

In 1956, he says, "I was 54, weak, depressed and subject to frequent dizzy spells. Doctors gave me the standard remedies of the time: vitamin shots, hormones and even the highly praised Russian ACS serum. Nothing worked. Then a doctor friend suggested cellular therapy."

"I got an injection of cells from a sheep's hypothalamus and its adrenal cortex. Nothing happened. I was no better and felt that I had been rained."

"Then, about 10 weeks later, I suddenly noticed that I could work harder and the dizzy spells almost disappeared. I got another injection in 1958. I feel 100 per cent better." Asked why he hadn't written an account of his case, he smiled and said, "Who knows what it was? Was it the cells, the power of suggestion or maybe just nature at work within my body? But whatever it is I think you doctors ought to look into this Niehans therapy. The good doctor could have stumbled on the great medical discovery of our time."



Gloria Swanson, another of the Swiss clinic's patients, is almost as glamorous at 60 as when she was Hollywood's brightest star.

Betrayed by a

FICKLE
DEODORANT?



SWITCH TO VETO...
Veto protection lasts all day!

Veto is the cream deodorant with the exclusive two-way formula for double protection—checks odor and perspiration all day long. Use Veto every day—Veto Cream, Stick or Spray!



Listerine stops
bad breath
4 times better
than
tooth paste!

- Tooth paste is for your teeth; Listerine is for your breath. Germs in the mouth cause most bad breath. You need an antiseptic to kill germs.
- Always reach for Listerine after you brush your teeth. No tooth paste is antiseptic, so no tooth paste kills germs the way Listerine Antiseptic does . . . on contact, by millions.
- Listerine stops bad breath four times better than toothpaste: nothing stops bad breath as effectively as the Listerine way.

Reach for Listerine

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Fast Relief Wherever Feet Hurt!

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EXHIBIT 17

164/708

J.A.M.A., Feb. 13, 1960

DEPARTMENT OF INVESTIGATION

NEW CELLS FOR OLD

FOR "WELL-HEELED" OLDSTERS

Popular magazines recently have published many articles on the subject of health and disease. Occasionally the editors of certain magazines publicize an unestablished remedy, which brings it to the attention of the public as a medical discovery of alleged value in one or more disease categories.

Such an item has appeared in *Coronet*, a popular pocket-sized magazine; it covered the methods and claims of Dr. Paul Niehans, a Swiss physician. The editors noted that "Cellular therapy is a startling European treatment for old age and a wide variety of diseases. Because this medical technique is controversial and still unproven, *Coronet* asked Dr. Herbert S. Benjamin, an American physician and medical researcher, to discuss it with its discoverer, Dr. Paul Niehans of Switzerland, and to observe his work and evaluate the use of cellular therapy by many physicians in Western Europe . . ."

Dr. Paul Niehans has had the benefit of other items of publicity written on his behalf. The greatest flurry of such press-agentry occurred when he was called to treat the late Pope Pius XII in February, 1954. Among others who are alleged to have received his attention are Konrad Adenauer and W. Somerset Maugham.

The late Pope was suffering from a gastric disorder, the exact nature of which was never clearly described but which apparently involved a distressing bout with hiccoughs. The late Holy Father had at least one other physician in attendance, one Professor Galeazzi-Lisi, who later became involved with the Italian medical fraternity by selling photographs and an account of the late Pope's dying hours.

There is no clear indication, either, in all of the publicity which attended the nonfatal papal illness, whether or not fresh cell therapy, or royal jelly (another publicized rejuvenator), or the passage of time was responsible for his recovery. The *Chicago Tribune*, however, on June 3, 1957, in an Associated Press release bearing a Rome date line, reported that Dr. Niehans had written a book entitled "Niehans, Doctor of the Pope." Niehans was described in that news dispatch as having credited potato soup with being the effective therapeutic agent.

Beyond other newspaper publicity, Dr. Niehans has had the benefit of several magazine articles. A magazine called *Top Secret*, which was not dated, but was purchased in August, 1954, had an item entitled "Modern Miracle in the Vatican: The Controversial Doctor Who Saved the Pope's Life!" For

some reason, however, this item did not reveal the use of potato soup. This account of the treatment was as follows:

In February 1954, the world was confronted with a miracle in the great tradition of the Church. But it was a modern miracle in which twentieth century science cooperated with religion. In the recovery of the saintly Pontiff, his own abiding faith was aided by the skill of a physician who is a mystery man among the great doctors of the world. *Top Secret* can now reveal exclusively that the Pope's life, at what seemed to be the eleventh hour, was saved by the intervention of a 72-year-old Swiss physician named Dr. Paul Niehans. . . .

Dr. Niehans is a controversial figure in the world of international medicine. He is a surgeon and, in five decades of practice, has performed thousands of operations and written twenty books on surgery. Yet surgery is his last resort. . . .

Niehans then applied to the Pope his own special methods of treatment, known as cellular therapy. This unorthodox method consists in the transplantation of living cells from a freshly slaughtered animal. . . .

And in conjunction with this, a new miracle drug called "xylocaina," used to alleviate pain resulting from abdominal surgery, was given to the Pope. This drug was developed by Dr. Niehans in his own laboratories in Switzerland. . . ."

The Dec. 10, 1957, issue of *Look* magazine carried an item entitled "Is This Man Keeping the Pope Alive?" Reference was made to the use of cell therapy.

Mention of Dr. Niehans has also been made in *Time*. The Sept. 13, 1954, issue, in an item entitled "Help From Animal Cells?," referred to the use of glands and organs of animals being utilized by Dr. Niehans as long ago as 1931 and reported his reading of a paper before some physicians in Karlsruhe, Germany. This item included the following statement.

Several doctors who have adopted the Niehans technique, giving injections of embryonic animal cells at costs ranging from \$3.50 to \$20, supported his claims. But others shook their heads. There are great dangers: allergic reactions, shock, accidental infection with viruses or other microbes. There is a good chance that the "placebo effect" (i. e., mental suggestion) is responsible for improvement in many patients.

Another issue of the same publication (*Time*, Aug. 31, 1959) contained an item concerning Dr. Niehans, entitled "The Healing Lamb."

The 1954 publicity prompted an inquiry from the Department of Investigation to the Swiss Medical Institutions at Bern. Following is the response received from the secretary:

Dr. Paul Niehans, domiciliated at Clarens, uses to make injections of fresh organ's sap, to what he attributes an effect on the corresponding organ. This way of treatment is

at the utmost specialized, as he injects, for instance, a substance of the Interbrain against insomnia. The idea is at least 100 years old and the treatment with organ dialyses has been tried several times. However, a sound scientific basis is not yet established. In Switzerland, Dr. Niehans did not succeed in gaining a great number of adepts, but it seems that this is more the case abroad.

Of interest, also, are the items critical of Niehans and his method. *THE JOURNAL*, (156:1348 [Dec. 4] 1954) under the heading Foreign Letters, carried an account of some untoward effects, including brucellosis and encephalomyelitis, developing in some patients treated with "fresh cells." This was described as having been reported by Professor Bennhold of the University of Tuebingen Medical School.

The European medical literature contains several references to the use of fresh cell therapy. One of these, entitled "Historical Development of Fresh Cell Therapy and its Application in General Practice", was published in the *München. med. Wchschr.* for May 27, 1955 (Vol. 97, pp. 698-703). This discussed methods of administration, and suggested that the patient should be sleeping and should not awaken for at least 24 hours.

Another report, entitled "Fresh Cell Therapy: Critical Evaluation of Theory and the Nature of the Fresh Cell Therapy According to Niehans", by A. Fischinger, was published in the *Wiener medizinische Wochenschrift* (105:952-957 [Nov. 19] 1955). In this article Fischinger criticizes the Abderhalden serum test, which apparently is used by Niehans for diagnostic purposes. In addition to recalling harmful effects from the injection of fresh cells, including infections, it is stated that death has been traced to the treatment. This author questions the Niehans claim that fresh cell therapy is organ-specific, recounting his experience with animal experimentation, that no matter what organ source was injected, the biological effect was the same immediately after the injection.

Another critical report, entitled "Possibilities and Limitations of Cell Therapy," was published in the *Münchener medizinische Wochenschrift* (97:703-707 [May 27] 1959). The author, H. G. Rietschel, outlines three phases involved in cell therapy, the first being described as a hormone effect, the second as the stress stage (between the 11th and 14th day), and the last, one of regeneration. He points out that the likelihood is that cell therapy acts on the general cell metabolism but that specific effects, in the sense of a regenerative stimulation of a certain organ, have not been observed clinically.

There is reference to a patent granted in Switzerland in October, 1952, to Leo Schwander and Paul Niehans. This is a process of preservation of organ-cell preparations by freezing and sublimation. There is also a firm called Rhein-Chemie, Abteilung Dr. Niehans, in Heidelberg. In a promotional booklet called "Dr. Niehans Zellular-Therapie, Siccacell

...", which, among other things, warns that cellular therapy is not a panacea and is contraindicated in all inflammatory diseases and in focal toxicoses, it is stated that there are certain diseases wherein the method is not successful. These include "amyotrophic lateral sclerosis, chondrodystrophy, lymphogranuloma, morbus Bechterew, Paget's disease, multiple sclerosis, myasthenia gravis pseudoparalytica, myatonia congenita, Parkinson's disease, postencephalitic conditions, scleroderma, syringomyeloma and all forms of leukemia."

The product is recommended in heart diseases, circulatory disturbances, arteriosclerotic changes and hypertension, climacteric, sterility, impotence, arthritis and rheumatism, mongolism, and prostatic diseases (including adenoma of the prostate). In the circumstances, such claims cannot be regarded as established. An attitude of scientific "Missourianism" will undoubtedly prevail in this country.

From European discussions and observations it is fair to say that the most favorable impression of the cell therapy is that it is experimental at best and does not provide, in the hands of others, what the originator claims for it. To an observer of some skepticism, however, this method of promotion brings a typical reaction, i. e., having failed to impress critical medical observers, the possessors of the particular treatment resort to the familiar methods designed to create a demand for a medical commodity.

On the other hand, *THE JOURNAL* (165:2133 [Dec. 21] 1957) carried an abstract of a report by C. Destunis entitled "The Treatment of Mental Deficiency and Encephalopathies in Childhood by Means of Fresh Tissue and Siccacell." This was from the *Archives of Pediatrics* and reported in part:

In diencephalon implantations, a section of calf brain comprising the whole diencephalon and weighing approximately 20 Gm. is comminuted, and stirred into a mash to which is added 100,000 to 200,000 units of penicillin, and injected under pressure through a wide-bore cannula into the gluteal region of the patient. . . .

Revitalization follows diencephalon implantation. The children are more alert, fresh, and balanced; they have better appetites and a more restful sleep. They take a more active part in the daily life of the family and show more interest in their schoolwork. Their intelligence, memory, and capacity for giving attention are advanced by some 6 to 12 months.

Beyond the latest item of Niehans' publicity in *Coronet* for December, 1959, written by Herbert S. Benjamin, M.D., there was an item in a gossip column in the *Chicago American* for Nov. 24, 1959, as follows:

Gilles Lambert, author of "The Conquest of Age," is being kept under wraps by his publishers because so many people are trying to get to him. His book is the story of the fantastic rejuvenating methods used by Swiss Dr. Niehans, and Lambert is swamped with letters, phone calls and telegrams from would-be patients. Usually the doctor accepts only celebrities. Treatments are \$500 each.

EXHIBIT 18-A

12-A 8 pt. c. &

THE OCEAN'S 44 TRACE CHEMICALS

(Antidotes for Deficiency Ailments)

SUGGESTED DEFICIENCY AILMENTS

Acne	Epilepsy
Allergy	Gray hair
Anemia	High Blood Pressure
Arthritis	Leukemia
Baldness	Multiple Sclerosis
Cancer	Muscular Dystrophy
Caries	Myasthenia Gravis
Cataracts	Parkinson's
Cirrhosis	Psoriasis
Diabetes	Schizophrenia



DR. GEORGE W. CRANE

• AUTHOR

• LECTURER

• EDUCATOR

• DOCTOR OF MEDICINE

MEMBER OF THE AMERICAN MEDICAL ASSOCIATION

• PSYCHOLOGIST

MEMBER OF THE

PAN AMERICAN PSYCHOLOGICAL ASSOCIATION

(THE "PAPA" OF SCIENTIFIC PSYCHOLOGY)

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EXHIBIT 18-B

Chemical Smorgasbord

At that time, too, I wrote a couple of articles for my syndicated newspaper column, entitled "THE WORRY CLINIC", calling attention of the general public to the possibility that if we were to employ sea salt or consume a little sea water each day, we might thereby offer our glands and organs a "chemical smorgasbord".

Because the American public is somewhat familiar with a smorgasbord type of meal, I used that analogy as a graphic way to

illustrate the fact that the liver, thyroid, pancreas, stomach, bone marrow, gonads, adrenals, pituitary and all the other little chemical "factories" within the body might thus figuratively march around the smorgasbord and help themselves to the calcium, molybdenum, magnesium, iron, copper and all the other 44 water-soluble chemicals which we may require for robust health.

In 1960, I ran several additional articles in my newspaper column, of which the following are typical:

WORRY CLINIC By George W. Crane, M.D., Ph.D.

Grandpa Miller's rejuvenation has been steady. In four months on sea brine therapy, he got out of an invalid's chair and began hobbling around with his aluminum walker. But the improvement in his arthritic hip was what surprised me most. Maybe ocean water is the real "Fountain of Youth," for it contains ALL the water soluble chemicals on this earth.

Case E-463: Eli Miller, aged 97, is Mrs. Crane's father, and has been taking one teaspoonful of concentrated sea water every day.

After having been a chair patient for almost a year, during which time we had to lift him in and out of bed and often feed him by hand, he began to perk up.

After he had spent four months on the sea brine treatment, I was mowing the lawn at his house late one afternoon.

AS I PASSED the kitchen windows, I saw Grandpa Miller hobbling around with his aluminum walker.

He went over to the kitchen stove and turned on the electric burner to heat water for coffee.

The window was open, so I heard him grumbling in irritable tones:

"Where's Cora? Does she think I'm gonna starve to death up here by myself?"

Whereupon, I called through the open window and told him to go to the table and I'd come in and prepare his supper.

PLEASE REMEMBER that he had been a bedfast or chair-fast patient and was heading into his 97th birthday.

If any changes were to occur,



it would be natural to expect Grandpa to continue growing MORE feeble and MORE senile, wouldn't it?

But he began to perk up, both mentally and physically. He now would get up unaided in the morning and put on his clothes. Then he'd walk to the bathroom and wash, after which he'd come to the table.

THE FOLLOWING night, Mrs. Crane motioned for me to come to his bedroom door and peek in.

What I saw was the greatest miracle as regards his rejuvenation. For he had had an arthritic right hip for over ten years.

When we'd dress him, he'd yell if we moved his right leg even gently. In fact, if his dog would accidentally bump that right leg Grandpa would yell so you could hear him a block away.

BUT NOW he lifted the arthritic right leg, crossed the right ankle over his left knee, and removed his shoe and sock; then let the right foot drop back upon the floor without letting out a peep!

And if you have been around him for the past 20 years, as Mrs. Crane and I have, you'd realize that some miracle must have happened to his arthritic right hip!

That was when I began to check back to see how we might explain his rejuvenation.

And the ONLY new items in his food or drink has been the daily teaspoon of sea water (concentrated ten times the usual ocean strength).

IF OUR HUMAN body needs a wide variety of chemicals to keep our various organs and glands up to par, we know that ALL water soluble chemicals are in the oceans.

But some 20 are now denuded or leached from our soil by frequent plowing and rainfall, so our foodstuff is chemically deficient.

Remember, only a trace of iodine added in 1924 to table salt has eliminated almost all goiters. And a trace of fluoride in drinking water is cutting down dental decay about 65 per cent.

Will a trace of other vital chemicals insure us against cancer or diabetes or even gray hair and baldness?

Modern medicine regards this idea as probably the most significant innovation since the sulfa drugs and antibiotics.

(Always write to Dr. Crane in care of The Anderson (S. C.) Independent, enclosing a long four-cent stamped envelope and 20 cents to cover typing and printing costs for this non-profit service when you send for one of his psychological charts. All letters are forwarded unopened to Dr. Crane.)

EXHIBIT 18-C

Chemical Smorgasbord vs. Cancer

Dr. George W. Crane, Ph. D., M.D.

Let's like 10,000 of you readers who have swamped me with letters, phone calls and telegrams the past 3 weeks, asking where to get sea brine. Scrapbook this case. Then give your many glands and bodily organs a "chemical smorgasbord", for that is the newest in therapeutic medicine.

Case E-466: Lois M., aged 37, is a physician's wife.

"Dr. Crane," she began, "we are very much interested in your recent article about sea brine.

"You said that Mrs. Crane's father seems to be definitely rejuvenated and his arthritic hip has cleared up remarkably.

"Well, my father is almost helpless with arthritis. So where can we obtain this sea brine?"

ANYBODY LIVING along the sea coast can scoop up ocean water by the bucketful.

Just boil it 10 minutes for sterilizing; then you can add a little to your milk, tomato juice or oatmeal as seasoning.

Or drink it diluted with a glass of tap water.

The sea brine we use has been boiled down till it is 10 times ocean strength.

But you don't need do that. Instead, just use 10 teaspoons of the whole sea water per day.

The oceans contain 44 chemicals that are soluble in water, plus the gases in the air that dissolve in any fluid.

But many of those 44 chemicals are reduced seriously or totally missing from our farm land, so our meat and potatoes, vegetables and fruit are often sadly lacking in vital chemicals.

By taking a little sea water per day, we can thus offer our bodily glands a "chemical smorgasbord".

Figuratively, therefore, the pancreas and liver and spleen and bone marrow and thyroid and adrenals and other organs can march around this chemical smorgasbord, helping themselves to whatever they require to produce their manufactured secretions that guard our health.

OUR BLOOD is essentially water, so it can utilize ONLY those chemicals that will dissolve in water.

But all water-soluble chemicals on this planet earth are already dissolved in ocean water!

Many medical troubles are called "deficiency ailments", such as cancer, gray hair and baldness, probably multiple sclerosis, myasthenia gravis, Parkinson's disease, leukemia, etc.

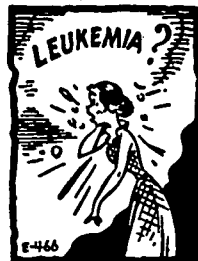
Sometimes only a trace of a chemical is all that is needed to spell the difference between health vs. sickness or even death.

Thus, a tiny amount of iodine added to table salt in 1924, has almost entirely banished goiter.

Fluorine in drinking water cuts down tooth decay about 65%.

A trace of cobalt saved the sheep in Australia a few years ago when they were sickly and the females became sterile.

God Almighty apparently created our intricate body with many little manufacturing plants (glands), but no factory can turn out its proper finished product if it lacks essential raw materials!



Grandpa Miller will be 98 in November. He was dying 15 months ago, after being bedfast, disoriented and unable to feed himself for months.

Now he hobbies around, comes to the table, and can cross his arthritic right leg over his left knee to take off his shoe and sock!

He hadn't been able to do that for 15 years! Yet the only change in his input has been a little ocean water (one spoon of concentrated) and he doesn't yet know he is getting it, so his improvement is not due to suggestion or psychosomatic medicine.

Ask your friends along the sea to ship you inlanders a little ocean water! It can give your glands a chemical smorgasbord!

Or evaporate the ocean water and use the whole sea salt. If you buy commercial sea salt, be sure it contains ALL the chemical ingredients. (Mail this sheet to your friends).

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EXHIBIT 19



Patients say they get well with a secret medicine. Medical authorities doubt it.

BY GERLON ZIMMERMANN
and CATHERINE BRISLIN

At the Royal Victoria Hospital in Montreal, Quebec, there is a young doctor, a graduate of one of the best medical schools of research work this is week. "But either he is a millionaire or a Nobel Prize winner," told a physician in a secret meeting that he had seen and talked to the young doctor, an enthusiastic and knowledgeable Dr. Robert Wolfman, some close to faith that prophetic cure was not another

The lady that sponsors organized medicine comes from a family who also does research to combat commercial stamp-out drugs. They earned the Nobel Prize for their work on the virus that causes AIDS. She has a husband, three children, in the room house on an affluent suburb, a two-toned yellow, a red car, a white and a black, a few shoes. Besides this, Dr. Lieberman has, though it may be a little cheap, some. The one I wanted the most, a white, she says, I have asked so hard to give me. My mother-in-law, a successful Montreal surgeon, didn't take any when I did, but she said,

"The net of work" he adds, "then in law is an idle rich man because they saw me at the law reading a full hour. They'd say, 'Doesn't that guy ever work?'"

[illegible]

"Make my bed," I said, "be you some thing to be my heart." I said a fine, a fine, a fine.

Dr. Friedman examined Mrs. Aronson's spine. "It was pathologically intact," he says, "and so inflamed she couldn't stand to have it touched anywhere, typical of arthritis." He arrived up an idiomatic oral interpretation similar to one he had used in research in Sweden. He told Mrs. Aronson to march 24 steps under a hot sun and let him consider it a day.

The results establish that Dr. Lieberman's work, in part, and stiffness caused

The following theorem, due to R. A. Fisher, states that if \mathbf{X} is a random vector with a multivariate normal distribution, then the components of \mathbf{X} are independent if and only if the covariance matrix is diagonal.

EXHIBIT 19

ARTHRITIS continued

"I mixed it up and, by God, I hit it on the head. I knew that I'd help her."



"Computers," Dr. Liefmann says, "will never solve the important problems of medicine."

Within two, she could swing freely from side to side. She felt no pain when Dr. Liefmann examined the length of her spine by touch. By the fourth week, she was doing all her housework and helping a sick neighbor. She even bowled, against Dr. Liefmann's advice. Now, six drops a week of Liefcort, so he named his remedy, keep her free from symptoms.

How did Dr. Liefmann do it?

"I just went downstairs and mixed it up. By God, I hit it right on the head," he says with awe. "I changed the formula because it looked like she needed more protein—there were signs of wasting. I'd tried about a hundred combinations before this one, but any changes I've made since don't improve it. I knew I'd help her, but I didn't know it would be so dramatic. Even now, I can't understand how a spine could clear up that fast. I wouldn't have expected her to go bowling in four weeks—I wouldn't have expected her to go bowling at all."

The disease that Robert Liefmann tackled is a riddle nested in the inflamed tissues, the swollen joints and the twisted bones of 12 million peo-



Some cases go to surgery (above). Liefmann says the use of Liefcort would end this.

ple in the U. S. and Canada. Osteoarthritis is a degenerative joint disease. Rheumatoid arthritis is a disease of the whole bodily system—in particular, the connective tissues. It affects three times as many women as men and is the most ravaging form of the disease. Rheumatoid arthritis is chronic; it often progresses perniciously, and it breeds despair. Gout is characterized usually by swelling in the big toe. The tombstone of the 16th-century physician Paracelsus boasts that he cured the damned *podagra* (gout), but in fact no significant breakthrough has yet been made against arthritis. Now, about the best thing the victim can do is take $\text{CH}_3\text{CO}_2\text{CH}_2\text{CO}_2\text{H}$ —which is aspirin. This versatile acid dulls the pain.

Medical authorities are doubtful about Liefcort because so many spurious arthritis cures have been marketed in mycic ways for 2,000 years, often at great cost. A sizable amount of literature from the Arthritis and Rheumatism Foundation scolds quacks and "misery merchants" who milt the sick of an estimated \$250 million annually. One book offering a "cure" grossed more than \$2 million in sales—twice the amount the National

Dr. Liefmann chats with a 73-year-old patient, who says his medicine helps her.



Robert Fellen, 35, could not move his legs before he took Liefcort. Now he can hobble around.

Foundation spent in 1961 for disciplined research of the disease. The author advised arthritis to oil their joints by taking cod-liver oil and to avoid acid foods. The American Rheumatism Association, the oldest and only medical society in the field, denounced the book as erroneous and valueless. The Federal Trade Commission ordered the publisher to stop advertising that the treatments recommended can cure the disease or relieve its symptoms. Other books touting wondrous remedies will be printed and bought by those seeking escape from the "knobly arthritis" Osid called in urable in about A.D. 10.

Over the centuries, people have tried Spanish fly, cupping, bloodletting, copper bracelets, anti-mony, tin, cave sitting, light beers, "immune milk," apple-cider vinegar, ant bites, bee bites, amulets, cauterization, radical hysterectomy, acupuncture, willow bark, sexual abstinence, prayers and purgations. The standard treatments involve, in addition to aspirin, the use of hot baths, sedatives, sulfur, gold salts, curatelite drugs, X rays and cortisone.

From this chaos of therapy, some of it still in

Photographed by JAMES H. KARALES

ARTHRITIS (continued)

One of his former professors says, "He has always been what you'd call a maverick."

use there have been surprising successes. Why? He uses with this insidious, unexplained disease, one fourth of all rheumatoid arthritis begin to go into "remission" (or seem to get well) after their first visit to a doctor or their first encounter with a new substance.

In a true arthritis, the disease usually flares up again, sometimes mentally triggered and often for no treatable reason. Nobody knows why the "inflammatory factor," one characteristic of the disease that has been isolated in the blood, goes wild. It is rampant only in human beings, although it causes degenerative joint disease, similar to osteoarthritis. It has been noted in the skeletal remains of old humans.

A prominent researcher says, "Ninety per cent of the drugs that cure arthritis are inactive drugs." There is nothing in them but the belief of the doctor. This leaves arthritis somewhere between the aspirin tablet and St. Augustine, who attributed all ailments to demons.

Medical research in cures and fashions, Dr. Liefmann orders the current patients: his diet is a combination of hormones. He discounts the value of cortisone and vitamin.

Cortisone was hailed as a wonder drug in 1950. Later known as Compound E, one of 12 known hormones produced by the ductless endocrine glands, it comes from the adrenal glands, which sit atop the kidneys.

Over cortisone's medical structure was ascertained, Dr. Philip S. Beach, chief rheumatologist at the Mayo Clinic, gave it to 11 rheumatoid arthritis in 1943. The results were astounding. Bedridden invalids were able to walk. Fevered joints cooled, and patients experienced euphoria. Similar results were obtained with vitamin. It comes from the pituitary gland, which lies from a small stalk at the base of the brain. Dr. Beach, Dr. Edward C. Kendall and Prof. Tadeus Reichstein received the Nobel Prize in 1950 for their research on hormones.

The miracle was a mirage. Cortisone and vitamin are critically reexamined because of their effects. In certain cases, upon a few whistles, cortisone decreases bones and tissues soften, susceptibility to many other diseases increased, vitamin also touched the mind. Some people felt "seven days high" when they were on it, others became psychotic.

A parade of cortisone derelicts aimed at arthritis, arthritis about side effects, then marched from laboratories. Today, the potency of such drugs has been diluted 30 times over the first cortisone. The literally infinite possibilities of variation have been compared to Chinese puzzles; it takes brilliant geniuses to alter them for safe use over long periods of time. Most authorities believe no chemical can apply to these sensitive chemical messengers, Liefmann says. For the last ten years, all the thinking has been to develop better cortisones instead of staying with the basic question of determining the underlying metabolic changes in arthritis. What was needed was a fundamentally new approach.

When cortisone came out, he was researching his own hormone theories in Sweden. At McGill University medical school, his academic record had been less than brilliant. He skipped a usual percentage of his lectures, one year, his Christian name was changed in February, but he learned enough to win the nickname of "The Slasher." For

the way the meat flew on my cadavers, I was bored with 70 per cent of the curriculum. The only course I ever came first in was endocrinology."

Yet he once listed "just for a hobby," 17 diseases that he thought were caused by chemical changes in the body's basic hormonal balance. Then he broke them into four categories: arthritis, arteriosclerosis (hardening of the arteries), simple acidosis and heart disease. He felt then, and still believes, that these diseases could be corrected with the proper adrenal formula.

Swedish medical authorities disagreed with the young American doctor, but offered him the free and unpaid run of the arthritis section of Södersjukhuset, a hospital in Stockholm. Dr. Liefmann was experimenting with different formulas and published his results when cortisone "arrived." "Forget your work," an American doctor advised Swedish specialists when he was on a visit to Stockholm. "Cortisone is it."

Dr. Liefmann returned to Montreal in the summer of 1950 and got a fellowship from the Canadian Arthritis and Rheumatism Society. He worked at the Royal Victoria Hospital, where, he says, cortisone equalized most of the research and treatment for arthritic patients.

Dr. Liefmann's record at the hospital is controversial. Among other things, he was an early doubter of cortisone. "They were convinced and it was so," he says. "They spent huge amounts buying it at each retail price, and they wouldn't let me use anything else."

One day, with the help of a young surgeon, he transplanted to shell pharyngeal glands into the throats of six arthritis patients. The glands were rushed from a slaughterhouse to hospital by ambulance, under sterile conditions.

"The results weren't very significant," Liefmann admits. "The pituitaries restored the balance within 48 hours; the blood chemistry was normal and frozen wrists were mobile. But in six weeks, the implanted glands stopped working."

One result was more enduring. The young doctors were thrown out of the hospital. The surgeon left for Ontario. Liefmann, sheltered by a professor in the adjoining McGill medical department, later was recruited at the hospital. At the end of his year's fellowship, his life took a drastic turn. He dropped research and started his commercial life. Bitter and fatigued, he had decided "you can't develop anything original here." One other reason a pregnant wife to be supported. "I got busy in that other junk just to make a living," he says. "I lived in Sweden on the six a week my father sent me, hoping to start me into setting up a practice. I got married on \$50 a week at the Vic. I took two extra jobs to boost that to \$200. I was never interested in practicing medicine. That was my father's idea, not mine."

In Quebec, doctors must be Canadian citizens to qualify for a license to practice. As an American, Liefmann was not granted his license when he wrote the standard exams on graduating from McGill. Dr. Liefmann says that after he became a Canadian citizen, he applied through his lawyer to the College of Physicians and Surgeons of Quebec to take the set of oral examinations that would qualify him for his license. Permission to take the orals was granted, and Dr. Liefmann says he took them before a score of examiners in the fall of 1954, along with some 30 fourth-year



Five year old Liefmann couldn't hold her feet too wide, she is now taking her part. Now she clings drops and runs.

McGill medical students. A week later, according to Dr. Liefmann, he called the college and was told by a secretary that he had failed the oral exam in surgery. Dr. Liefmann then waited till the spring when he appeared to take the surgery oral. At this time, he says, he was told by a spokesman for the college that it had no record of tests given to Robert Liefmann. It was suggested that he take the whole set of orals. Dr. Liefmann decided, "Hell, no." (When queried recently by Loom, the registrar of the college stated that if Dr. Liefmann "succeeds in passing his surgery exam, he will be entitled to practice medicine.")

It may or may not be relevant that Dr. Liefmann at the time was manufacturing skin ointments, hair-growing preparations and vitamins.

"That hurt him," Liefmann sighed a former professor of Liefmann. "The college will never be able to forget it. Liefmann has always been what you'd call a maverick. He never did anything the ordinary way."

Once, in his spare time as a researcher, Dr. Liefmann started work on a system of orator an alibi of various diseases. "You could plot their patterns in such a way that they could be diagnosed by electronic computers," he says. "When I wrote a paper on it, they couldn't figure out it was a brilliant idea or absolute madness."

These aspects of Dr. Liefmann's career still weigh heavily. Last year, he went looking for acceptance for his arthritis treatment, after apparently successful experience with 100 patients. He was coldly received. The reactions of the medical profession can be summarized in one sentence: Liefmann is a secret, unregistered formula prepared without quality controls in the makeshift laboratory of a doctor who never flunked out of medical school, who was once expelled from a hospital for "improper research procedures" and who has been practicing without a license.

Liefmann argues that he is in no position to do a proper research project on his formula, with scientific controls and laboratory testing. Even though his patients include a Canadian cabinet minister and the wives of two members of parliament, Liefmann's efforts to do a research project in a veterans' hospital were blocked on the ground that the medication was not approved by the Canadian Food and Drug Department. Last month,

continued

EXHIBIT 20

"A.M.A. NEWS"
Oct. 29, 1962 p. 6

"WASHINGTON NEWS" J.A.M.A.
Oct. 27, 1962 p. 18
Vol. 182 No. 4

6 THE AMA NEWS • OCTOBER 29, 1962

Arthritics Warned On Using Liefcort

Arthritis victims were warned by the Food and Drug Administration that the drug Liefcort is extremely dangerous and has caused serious reactions including severe uterine bleeding.

The agency pointed out that the drug may not legally be imported into this country from Canada. Federal officials are halting shipments to persons who tried to obtain the drug as a result of reading an article in a national magazine last May indicating Liefcort may be valuable in treating arthritis.

Liefcort contains potent hormones including estradiol, prednisone and testosterone, said FDA. Analysis showed the product contains 10 times the therapeutic dose of estradiol, according to FDA.

The hormones are capable of causing severe toxic effects, the agency said. Prednisone is used in the treatment of arthritis but there are hazards in its use and the dosage must be carefully regulated, the statement said, adding that in some patients, the drug causes severe symptoms of toxicity. "Testosterone and estradiol have never been observed to exert any beneficial effect in arthritis and may also produce serious side effects," FDA said.

Liefcort was developed by and is being promoted by Robert Liefman, MD, who is wanted by U.S. marshals for selling a baldness "cure." Dr. Liefman fled to Canada before he could be apprehended and is not licensed to practice medicine there. The drug is labeled as being distributed by Endocrine Research Laboratories, Beaurepare, Que., Canada.

Liefcort Users Warned.—The Food and Drug Administration again warned that the banned drug compound Liefcort has caused serious reactions including severe uterine bleeding.

The FDA noted that the drug may not legally be imported into this country from Canada. Federal officials have halted 11 shipments to persons who tried to obtain the drug as a result of reading, last May, an article in a national magazine implying Liefcort may be valuable in treating arthritis.

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The hormones are capable of causing severe toxic effects, the agency said. Prednisone is used in the treatment of arthritis, but there are hazards in its use and the dosage must be carefully regulated, it was added, and in some patients, the drug causes severe symptoms of toxicity. "Testosterone and estradiol have never been observed to exert any beneficial effect in arthritis and may also produce serious side effects."

Liefcort was developed and is being produced by Robert Liefman, M.D., who is wanted by U.S. Marshals for selling a baldness "cure." Liefman fled to Canada before he could be apprehended. He is not licensed to practice medicine here.

The drug is labeled as being distributed by Endocrine Research Laboratories, Beaurepare, Quebec, Canada. It is compounded in Liefman's home, said the FDA.

EXHIBIT 21

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COUNCIL ON FOODS AND NUTRITION

VITAMIN PREPARATIONS AS DIETARY SUPPLEMENTS AND AS THERAPEUTIC AGENTS

The Council has authorized publication of the following statement.

PHILIP L. WHITE, Sc.D., Secretary.

Vitamin preparations are used extensively and are valuable when used properly. For the most intelligent use and beneficial results in preventive or therapeutic medicine, the values and the limitations of vitamins should be realized. It is important that a clear differentiation be made between vitamins as dietary supplements and vitamins as therapeutic agents. The Council on Foods and Nutrition has reviewed the indications for administration of vitamins in supplemental and therapeutic amounts, the composition and dosage of vitamin preparations, and the possible dangers of excessive use of certain vitamins. The following is the Council's present position on this matter.

Recommended Dietary Allowances of Vitamins and Their Occurrence in Food

Vitamins are essential nutrients, and their usual source is food. All the nutrients essential to the maintenance of health in the normal individual are supplied by an adequate diet, one which fulfills the Recommended Dietary Allowances, revised 1958, developed by the Food and Nutrition Board, National Research Council (Publication 589). The levels of nutrients recommended are desirable goals in nutrition for all normal, healthy persons. They are believed to be adequate for maintaining good nutrition throughout life.

Normal Diets.—A convenient guide to the composition of an adequate diet has been prepared by the United States Department of Agriculture (Leaflet 424). Foods are classified according to their contribution of several nutrients, although emphasis is placed on key foods as important sources of certain nutrients. This daily food plan gives a basis for an adequate diet but permits the individual wide choice in his food selections. This is the fundamental plan:

Milk Group: Some milk daily—
Children 3 to 4 cups
Teen-agers 4 or more cups
Adults 2 or more cups
Pregnant women 4 or more cups
Nursing mothers 6 or more cups
Cheese and ice cream can replace part of the milk.
Meat Group: Two or more servings, including—Beef, veal, pork, lamb, poultry, fish, eggs, with dry beans and peas and nuts as alternates.

Vegetable-Fruit Group: Four or more servings, including—
A dark green or deep yellow vegetable important for vitamin A—at least every other day. A citrus fruit or other fruit or vegetable important for vitamin C—daily.
Other fruits and vegetables including potatoes.
Bread-Cereals Group: Four or more servings—Whole grain, enriched, restored.

This fundamental plan will supply the adult with one-half to two-thirds of the caloric allowance, four-fifths of the iron, four-fifths of the thiamine, nine-tenths of the niacin, and all of the riboflavin allowances. These nutrients and others not mentioned will be raised to adequate amounts by the other foods normally included in the daily diet but not specifically mentioned in the basic plan. Foods such as butter, margarine, other fats and oils, sugars, desserts, jellies, and unenriched grain products serve to fulfill the caloric and nutrient allowances.

TABLE 1.—Minimum Daily Requirements Compared with Recommended Dietary Allowances

Vitamin*	M.D.R., Adults	R.D.A., Men, Aged 25	M.D.R., Children, 6-11 Yr.	R.D.A., Children, 7-12 Yr.
Vitamin A, U.S.P. units	4,000	5,000	3,000	3,500-4,500
Thiamine, mg.	1.0	1.6	0.75	1.1-1.5
Riboflavin, mg.	1.2	1.5	0.9	1.5-1.8
Vitamin C, mg.	30	75	20	60-75
Vitamin D, U.S.P. units	400	...	400	400

* Comparable figures for placenta are not given since the Recommended Dietary Allowances include preformed placenta and placenta made available from tryptophan, whereas the Minimum Daily Requirements consider only preformed placenta.

Therefore, if the diet contains the key food groups in sufficient amounts, nutritional supplementation should be unnecessary. The proper selection and preparation of foods are important to the achievement of an adequate diet.

Minimum Daily Requirements.—The Recommended Dietary Allowances should not be confused with the Minimum Daily Requirements established for labeling purposes by the Food and Drug Administration. Nutrient contents can thus be expressed in terms of the proportion of daily requirements supplied. Minimum Daily Requirements are the amounts of nutrients needed to prevent symptoms of deficiency and to provide a small factor of safety. Recommended Dietary Allowances are amounts of nutrients which will maintain good nutrition in essentially all healthy persons. Table 1

demonstrates the basic differences between the two concepts. Throughout this statement the Recommended Dietary Allowances will be used.

Vitamins as Dietary Supplements

Healthy persons whose diets are ordinarily considered adequate may benefit from supplementary vitamins at certain special periods of life, such as during pregnancy and lactation. Vitamin supplementation is useful during periods of illness or deranged mode of life, which may result in impairment of absorption of nutrients or deterioration of dietary quality. Supplementation may also be of value to the individual who, through ignorance, poor eating habits, or emotional or physical illness, does not eat an adequate diet. The physician's primary responsibility for these patients is to remove these disturbing factors rather than merely to alleviate their results. Nevertheless, until the disturbing factors have been discovered and, when possible, removed, supplementary vitamins are valuable in assuring adequate intake.

Infants and Children.—The daily diet of the artificially fed infant should be supplemented with vitamins C and D if the diet does not supply 30 mg. of vitamin C and 400 U. S. P. units of vitamin D. The diet should be brought up to these amounts, with care exercised that the intake of vitamin D is not excessive. The requirement of the breast-fed baby for vitamin D is not accurately known, but it is accepted practice to advocate 400 U. S. P. units of vitamin D supplement daily. Administration of vitamin D and, in artificially fed babies, of vitamin C should be started with the introduction of artificial feeding. Too often administration of vitamin C is delayed even into the second month. When administration of the vitamins is started, the amount of vitamin D is often too great and the amount of vitamin C too small. Maximum calcium and phosphorus retentions are obtained with 300 to 400 U. S. P. units of vitamin D daily. Not only are retentions no greater with larger amounts, but the use of 1,800 U. S. P. units or more daily for several months decreases appetite and, as a consequence, reduces the total retentions of calcium and phosphorus and slows linear growth. Infants receiving unfortified skimmed milk formulas also require supplements of vitamin A (1,500 U. S. P. units daily).

Healthy children fed adequate amounts of wholesome foods need no supplemental vitamins except vitamin D, which should be supplied throughout the growth period. An adequate intake of vitamin D-fortified homogenized milk or reconstituted evaporated milk (1½ to 2 pt. daily) provides the vitamin D required. The physician should determine the approximate amount of vitamin D supplied by foods before supplementing the diets. In certain instances, physicians may wish to supplement the diets of infants and children with preparations containing vitamins A, C, D, and certain B vitamins.

The Council believes that such preparations containing the B complex are not needed for routine use but would be of value for children with special problems. It is important that the growing child be introduced to a wide variety of wholesome foods, since food is the normal source of nutrients.

Adults.—Healthy adults receiving adequate diets have no need for supplementary vitamins except during pregnancy and lactation when 400 U. S. P. units of vitamin D daily are required if the intake of vitamin D-fortified milk is low. In these periods of physiological stress, if any doubt exists as to the adequacy of the previous or present diet, supplementary vitamins in addition to vitamin D should be administered.

Supplementary vitamins are useful during periods of emotional illness, which result in bizarre food habits or greatly diminished food intake. The choice of vitamin preparations to be used to insure a desirable nutrient intake in such instances should be based upon the physician's evaluation of the patient's dietary pattern.

When restricted or nutritionally inadequate diets are prescribed for pathological conditions, vitamin mixtures as supportive supplements are indicated. Examples of conditions in which such diets may be instituted include allergic states and chronic diseases of the gastrointestinal tract. Vitamin supplementation also is indicated when it is necessary to employ parenteral feeding. The character of the supplementation required will depend on the diet, the nutrients administered, and the period of time the regimen is maintained.

In any prolonged illness associated with decreased food intake or in other situations in which an individual is unable or unwilling to eat an adequate diet, the physician must decide whether supplementation is necessary. The extent of the illness or the nature of the dietary restriction should be evaluated to determine whether the level of vitamin supplementation should be equal to allowances under normal physiological conditions or in excess of them.

Nutrition surveys in several areas of the United States have indicated that a variable fraction of certain segments of the population is not receiving sufficient varieties of foods to supply vitamins in amounts necessary to meet the Recommended Dietary Allowances. Generalization of these findings as a basis for vitamin supplementation of healthy individuals is not rational. The methodology employed in these surveys and the standards used for interpretation have varied considerably. It is necessary for the physician to evaluate each person individually. Correction of inadequacies should then be instituted, preferably by a proper diet, although supplementation with vitamins may be necessary until dietary adjustments are made and the body stores repleted. Avoidance of excessive or unnecessary supplementation is, of course, desirable.

Multivitamin Combinations

Multiple vitamin preparations should contain only those vitamins shown to be essential in human nutrition or metabolism. The Council recognizes that certain foods such as liver, yeast, and wheat germ are excellent sources of some of the vitamins but finds no evidence to justify special claims for such materials or their concentrates in multivitamin mixtures. The combination of vitamins in a supplementary mixture should have a rational basis. Several combinations meet these criteria.

1. A combination of all the vitamins that have been demonstrated to be essential in human metabolism may be desirable for supplementation of certain restricted diets. Such preparations would include vitamins A and D, ascorbic acid, thiamine,

listed under (a) in combination with ascorbic acid, or (c) a combination of a calcium salt and vitamin D in a stable form.

3. A combination of vitamins that might be expected to be lacking concomitantly because of their common distribution in foods also might be desirable for supplementation. Examples would include the fat-soluble vitamins A and D or vitamins of the B complex as previously noted.

Quantities for Dietary Supplementation.—The quantities of vitamins included in mixtures for dietary supplementation should furnish daily an amount which approximately fulfills, but does not greatly exceed, the Recommended Dietary Allowances for vitamins as given in table 2. The physician should exercise more caution that his recommenda-

TABLE 2.—Recommended Daily Dietary Allowances, Revised 1958*

	Age, Yr.	Weight, Kg. (Lb.)	Height, Cm. (In.)	Calories	Protein, Gm.	Calcium, Gm.	Iron, Mg.	Vitamin A, U.S.P. Units (I.U.)	Thia- mine, Mg.	Ribofla- vin, Mg.	Niacin, Mg. Equiv.	Ascorbic Acid, Mg.	Vitamin D, U.S.P. Units (I.U.)
Men	25	70 (154)	175 (69)	2,800	70	0.8	10	4,000	1.5	1.8	21	75	...
	45	70 (154)	175 (69)	2,000	70	0.8	10	4,000	1.5	1.8	20	75	...
	65	70 (154)	175 (69)	2,550	70	0.8	10	3,000	1.3	1.8	18	75	...
Women	25	58 (128)	163 (64)	2,300	58	0.8	12	4,000	1.2	1.5	17	70	...
	45	58 (128)	163 (64)	2,250	58	0.8	12	4,000	1.1	1.5	17	70	...
	65	58 (128)	163 (64)	1,800 [†]	58 [†]	0.8	12	4,000	1.0	1.5	17	70	...
Pregnant (second half)				+300	+20	1.5	15	6,000	1.5	2.0	+8	100	400
Lactating (500 ml. daily)				+1,000	+40	2.0	15	8,000	1.7	2.5	+8	150	400
Infants	0-1/12 [‡]
	2/12-4/12	6 (13)	60 (24)	kg. 1,120	...	0.6	5	1,500	0.4	0.5	6	80	400
	7/12-12/12	9 (20)	70 (28)	kg. 1,100	...	0.8	7	1,500	0.5	0.8	7	80	400
Children	1-5	12 (27)	87 (34)	1,200	40	1.0	7	2,000	0.7	1.0	8	85	400
	6-9	18 (40)	108 (43)	1,700	50	1.0	8	2,500	0.9	1.3	11	80	400
	10-12	27 (60)	129 (51)	2,100	60	1.0	10	3,500	1.1	1.5	14	90	400
	13-15	38 (85)	144 (57)	2,500	70	1.2	12	4,500	1.3	1.8	17	75	400
Boys	15-15	49 (108)	163 (64)	3,100	85	1.4	15	6,000	1.8	2.1	21	80	400
	16-19	68 (150)	175 (69)	3,600	100	1.4	15	5,000	1.8	2.5	25	100	400
Girls	15-15	49 (108)	160 (63)	2,600	80	1.2	15	6,000	1.8	2.0	17	80	400
	16-19	54 (120)	162 (64)	2,400	75	1.2	15	5,000	1.2	1.9	16	80	400

* From Food and Nutrition Board, National Research Council. Allowance levels are designed for maintenance of good nutrition for normal, healthy persons living under usual environmental stresses in a temperate climate in the United States. Recommended allowances can be attained with a variety of common foods, providing other nutrients for which human requirements have been less well defined. See text of Recommended Dietary Allowances, published by National Research Council, for more detailed discussion of allowances and of nutrients not tabulated.

† Includes dietary sources of preformed vitamin and precursor, tryptophan; 90 mg. of tryptophan = 1 mg. of niacin.

‡ Applies to individuals usually engaged in moderate physical activity. For office workers or others in sedentary occupations they are excessive. Adjustments must be made for variations in body size, age, physical activity, and environmental temperature.

§ The Board recognizes that human milk is the natural food for infants and feels that breast feeding is the best and desired procedure for meeting nutrient requirements in the first months of life. No allowances are stated for the first month of life. Breast feeding is particularly indicated during the first month when infants show handicaps in homeostasis due to different rates of maturation of digestive, excretory, and endocrine functions. Recommendations as listed pertain to nutrient intake as afforded by cow's milk formulas and supplementary foods given the infant when breast feeding is terminated. Allowances are not given for protein during infancy.

riboflavin, niacin, pyridoxine, pantothenic acid, folic acid, and vitamin B₁₂. Vitamin K is not included, because dietary deficiency rarely occurs and because this vitamin has special uses which are not adapted to inclusion in multiple vitamin preparations, for example, prophylactic use for pregnant women and newborn infants. Vitamin D would be included in preparations for children, adolescents, and pregnant or nursing women and would be optional in others.

2. A combination of vitamins having complementary metabolic functions should prove useful in supplementation of certain restricted diets. These preparations might include (a) a combination of the B vitamins, thiamine, riboflavin, and niacin, with or without pyridoxine, pantothenic acid, folic acid, or vitamin B₁₂; (b) the B vitamins

tions are not increased in amount and that his patients do not follow the precept that greater concentrations of vitamins are justified, in light of the little additional cost. There is a tendency for the patient to believe that, if a little is good, more would be better. It has not been demonstrated that larger amounts are beneficial under ordinary physiological conditions; in fact, an overdose of vitamins A or D can be harmful.

The multivitamin preparations available today fall into three general categories, those that supply (1) about one-half the Recommended Dietary Allowances, (2) one to one and one-half times the Recommended Dietary Allowances, and (3) three to five times the Recommended Dietary Allowances. The Council considers the first class of preparations useful in dietary supplementation in situations as

noted in the section entitled *Vitamins as Dietary Supplements*. The preparations containing one to one and one-half times the Recommended Dietary Allowances (group 2) would be useful when supplementing therapeutic diets or when prolonged illness or other causes significantly reduce food intake. After the normal diet is instituted, these higher potency preparations are not needed. The third general type of preparations containing three to five times the Recommended Dietary Allowances should be reserved for use in therapy as discussed in the section on *Vitamins as Therapeutic Agents*.

Recommended Dietary Allowances have not been established for pyridoxine, pantothenic acid, folic acid, or vitamin B₁₂, although all these substances are essential in human metabolism. The amounts present in diets considered adequate in other factors should serve as a guide for quantities to be used in supplementation. The amount of folic acid in supplementary vitamin mixtures should be no greater than that available from an abundant dietary. Common experience indicates that this is a quantity which will seldom support hematological function in pernicious anemia and therefore will not mask the diagnosis of this disorder. Although this quantity is still to be determined, 0.3 mg. of folic acid is suggested tentatively as a proper maximum amount for supplemental mixtures.

An abundant dietary provides 2 to 10 mcg. of vitamin B₁₂, 5 to 10 mg. of pantothenic acid, and 1 to 3 mg. of pyridoxine. Therefore, these levels are considered satisfactory in vitamin mixtures for dietary supplementation. Supplementary vitamins administered in the amounts suggested are safe. If the amount of one or more of the vitamins in these mixtures is markedly less than the recommended allowance, the supplemental value of the preparation may be limited accordingly.

Combination of Vitamins and Minerals.—Minerals have been combined with vitamins in mixtures for dietary supplementation. Although certain supplemental vitamin mixtures with calcium, iron, or with both minerals have proved useful, there is no good evidence to support the inclusion of the 12 or more mineral elements essential for man. Few of these minerals are likely to be lacking, even in restricted diets. When iron is needed as a dietary supplement, it should be given as such in most instances. Iron and calcium might be included as optional ingredients in certain supplemental vitamin mixtures, for example, for administration during pregnancy. A combination of calcium and vitamin D in stabilized form may be useful. Sodium, chlorine, and iodine are usually supplied by iodized table salt. Supplementation with copper is rarely needed since it is usually adequately supplied by the diet. Evidence is lacking that addition of the trace elements, such as manganese, zinc, cobalt, and molybdenum, to the human diet is needed.

Vitamins as Therapeutic Agents

Vitamins in therapeutic amounts have proved valuable in both specific therapy and in supportive therapy in numerous pathological states. Vitamins in therapeutic amounts are indicated only in the treatment of deficiency states or pathological conditions in which requirements are increased.

Therapeutic vitamin mixtures should be so labeled and should not be used as dietary supplements. The decision to employ vitamin preparations in therapeutic amounts clearly rests with the physician, and the importance of medical supervision when such amounts are administered is emphasized.

The quantities of vitamins included in mixtures intended for therapeutic use in the treatment of multiple vitamin deficiencies should approximate simple multiples of the amounts recommended in the National Research Council's Recommended Dietary Allowances, revised 1958. It is seldom necessary to administer vitamins in amounts greater than three to five times the Recommended Dietary Allowances. In the rare instances in which larger quantities seem indicated, the vitamin(s) in question should be given separately. Although there is little danger of harm from larger quantities of the water-soluble vitamins because the excess is excreted readily, there is real danger of toxicity from larger amounts of fat-soluble vitamins because the excess accumulates in the body. In multivitamin preparations, the amount of vitamin D should not exceed three times the Recommended Dietary Allowances as previously stated.

The combination of vitamins in mixtures intended for therapy should have a rational basis. Suitable combinations include (1) vitamins that have complementary metabolic functions and (2) vitamins that might be expected to be lacking concomitantly according to their common distribution in foods, or to similar chemical properties which influence absorption and biological availability. Examples would include (1) a combination of the B vitamins, thiamine, riboflavin, and niacin, with or without pyridoxine and calcium pantothenate; (2) a combination of these B vitamins with ascorbic acid; and (3) a combination of fat-soluble vitamins A and D or A, D, and K. In addition, a combination of vitamins A, D, ascorbic acid, thiamine, riboflavin, and niacin, with or without pyridoxine or calcium pantothenate, may be desirable.

There is little evidence which warrants inclusion of folic acid and vitamin B₁₂ in therapeutic amounts in vitamin mixtures. As noted previously, folic acid in therapeutic dosage may mask the diagnosis of pernicious anemia and permit neurological lesions to develop while maintaining hematological remission. When folic acid is indicated in therapeutic quantities, it should be administered separately. The need for inclusion of vitamin B₁₂ in therapeutic vitamin mixtures in an amount in excess of that supplied by an abundant dietary has not been demonstrated to date.

Before vitamins or other therapeutic agents are prescribed in the treatment of anemia, the etiology of the anemia should be determined. This will permit administration of the proper hematonic agent, which will usually be a single factor, namely, vitamin B₁₂, folic acid, or iron. Preparations containing all or most of the known antianemic factors, vitamin B₁₂, intrinsic factor, folic acid, iron, ascorbic acid, and copper, are, in the opinion of the Council, not justifiable.

Toxicity of Vitamins A and D

Inclusion of excessive amounts of fat-soluble vitamins in therapeutic mixtures is scientifically unwarranted and potentially dangerous. The absence of excretory pathways for vitamins A and D and for carotene makes it necessary to limit their intake in order to avoid the development of hypervitaminosis. Daily dosage of more than 25,000 U. S. P. units of vitamin A should be followed carefully for toxicity.

Hypervitaminosis A.—Apparently the body can tolerate quantities of vitamin A 100 times greater than the daily physiological requirement, but there is a definite possibility of harm from the prolonged ingestion of vitamin A in excess of 50,000 U. S. P. units daily. Chronic vitamin A intoxication occurs more frequently in children than in adults. Depending upon the severity of the intoxication, children older than one year may develop anorexia, weight loss, irritability, fretfulness, pruritus, seborrhea-like cutaneous eruptions, fissuring at the corners of the mouth, and cracking and bleeding of the lips. Later signs include hepatomegaly, hydrocephaly; alopecia, painful swellings over the long bones with bone and joint pains and bone tenderness, hyperostosis, deep, hard, tender swellings in the extremities, and cortical thickening in tubular bones. Serum vitamin A levels are increased and are useful diagnostically. Vitamin A intoxication in adults causes symptoms which are similar to those of hypervitaminosis A in children but are usually milder. Structural bone changes are not

likely to occur, and bone and joint pains are not so severe. Menstrual alterations, exophthalmos, and pigmentation of the skin have been reported. Transitory increased intracranial pressure has been noted in severe acute toxicity.

Hypervitaminosis D.—There is great variation in individual tolerance to large amounts of vitamin D. Several factors influence response to continued ingestion of large amounts of vitamin D, including exposure to ultraviolet light, dietary calcium, and the endocrine system. A daily intake of 1,800 U. S. P. units continued over long periods of time may be mildly toxic in children. However, in the uncommon syndrome, refractory rickets, as much as 50,000 to over 100,000 U. S. P. units daily may be tolerated or, indeed, required.

The early symptoms of vitamin D intoxication include anorexia, nausea, headache, polyuria and nocturia, and diarrhea. Pallor and lassitude are also common findings in children. Later symptoms and signs include weakness, fatigue, renal damage, metastatic calcification, and depression. Hypochromic, normocytic anemia with azotemia has been reported in adults with hypervitaminosis D. When large dosages of vitamin D are administered, frequent determinations of serum and urine calcium should be made. An increase in the serum calcium to a level above 11 mg. per 100 ml., occurring in association with a high intake of vitamin D, is an indication for interdiction of the vitamin D supplement.

Comment

Vitamin mixtures, other than those discussed herein, may be demonstrated to be useful in therapy by further research. Until adequate scientific evidence is presented as to their value, however, such mixtures should not be advocated for general use. Public health will be served best by insistence on a factual basis for vitamin supplementation and therapy. It is sound judgment to emphasize repeatedly that properly selected diets are the primary basis for good nutrition.

The CHAIRMAN. Now the hearing will stand adjourned until 10 o'clock tomorrow morning, at which time Senator Williams will take over the chair. Thank you.

At this point I will enclose letters and statements received from various individuals.

(The letters and statements follow:)

PREPARED STATEMENT OF DR. EMMETT J. MURPHY, DIRECTOR OF INDUSTRIAL RELATIONS, NATIONAL CHIROPRACTIC ASSOCIATION, WASHINGTON, D.C.

Mr. Chairman, my name is Dr. Emmett J. Murphy. I am director of industrial relations for the National Chiropractic Association, Washington, D.C.

The National Chiropractic Association commends this committee on its foresight and diligence in calling these hearings. Our organization has consistently supported its purposes. We share with you a deep concern that many old people, and many others among our citizens are harassed and injured by charlatans and purveyors of fake nostrums, gadgets, and useless or harmful drugs.

Bringing these conditions to the attention of the public can serve a most worthy purpose and accomplish great good. For eternal vigilance is the price all must pay to be free from the imposition of false claims and false claimers.

We in the National Chiropractic Association represent the second largest healing profession in the United States. We have established a professional code of ethics to which all our members must comply, and which is enforced by the licensing boards in the several States. As the official organization of the main body of properly trained and duly licensed doctors of chiropractic, we have a dedicated membership singularly devoted to serving the needs of the public.

I wish to state here that the National Chiropractic Association has tried to cooperate with the Food and Drug Administration in its programs. We have sought to gain information from FDA officials so that the members of our profession may be alerted to the very dangers which you are exposing in your inquiry in this committee. We trust that the authority of this agency will be broadened to give the officials of the Food and Drug Administration the policing powers which may be needed to give protection to the public.

The committees of Congress likewise know of our strong position for an entirely professional approach to the problems of health and safety which properly concern our branch of the healing arts. We look forward to continued association with your committee in its constructive work.

Thank you, Mr. Chairman, for this opportunity to present the views of the National Chiropractic Association on this important subject.

NEW YORK, N.Y., January 23, 1963.

HON. PAT McNAMARA,
U.S. Senator,
Senate Office Building, Washington, D.C.

DEAR SENATOR McNAMARA: On or about January 14 last, my work, recently published book and my name were linked in an unfavorable connection before your committee. According to published reports, a number of books were cited and my own book was dumped in amongst them, making me appear guilty by association. Mine is not a book of the type that the Government would be against. The speaker that day, however, completely dislikes its contents, which need not surprise anyone. A copy of that book is enclosed. You will greatly honor me by reading it from cover to cover.

The enclosed newspaper clippings are examples of the publicity that smear called forth.

Dear Senator, in my youth, I was instrumental in having the immigration laws changed so that, following that change, would-be immigrants were examined for fitness to enter abroad, instead of taking the risk of coming here and be turned back to his country of origin without a home or means. That is still the law today. Furthermore, I am the "father" of the school lunch system we

now have in all our schools of the greater city, which was adopted in many other cities and gave us a national school lunch system. Moreover, for the past 48 years I have been devoting much time in creating a library which has been acclaimed throughout the civilized world. When the late President Franklin D. Roosevelt planned to establish at Hyde Park, N.Y. a research center for the study of international relations, he came to me for cooperation. I was happy to participate, since my own library deals with that very subject. Finally, the New York State Board of Regents recently awarded me a charter for that library. Those are samples of my activities in the past.

Now, in the twilight of my life, I felt strongly impelled to write a book and to "cry out" against one medical injustice, the poor care we give to our sufferers from arthritis and rheumatism. Those who attacked me before your committee are against what I am trying to accomplish. In my humble opinion, they are mistaken in their opposition to my efforts, as I hope you will perceive in reading my book.

Not wishing to burden with a longer letter, I desire to appeal to you most respectfully to grant me the opportunity to make a reply before your committee. The attempted smear is the usual method employed by the big pharmaceutical houses and the doctors who work with them, to hinder and obstruct anyone who is doing something which they do not like or approve. That smear should not be permitted to stand unanswered.

Thanking you in advance for your courtesies,

Respectfully yours,

JOSEPH BROADMAN., M.D.

MILES LABORATORIES, INC.

Elkhart, Ind., January 25, 1963.

HON. HARRISON A. WILLIAMS, JR.,
Senate Office Building, Washington, D.C.

SIR: I have written the chairman of your committee, Senator McNamara, an extensive note which I hope may appear in the record of your committee commenting on the rather distorted and certainly disturbing press statements which have been appearing about testimony before your committee on the subject of vitamin nutrition. I have written him another letter today, which may not arrive in time to appear in the record and which I think well states a central part of this issue. I have taken the liberty of enclosing a carbon of this letter to your attention. The more extensive comments of my letter of yesterday will, I think, answer or at least offer significant and logical questions to some of the representations made before your committee and which raised personal questions in your mind, as evidenced by your statement of January 15 in the committee hearings.

I believe that a great disservice is being done the American public in the publicity arising out of this testimony since large numbers of them, as were you, will be persuaded that there is no need for vitamin supplementation of the average diet.

Rephrasing Dr. Shank's statement, I would put it rather this way: The immediate question really is not whether an individual can, by the exercise of perfect restraint, complete knowledge, and consistent availability of the proper foods, select a diet which is not lacking in one of these essential substances. The question is whether he does, or vastly more important than this, whether he knows with certainty that he not only does in any one day, but day in and day out throughout the year. All we are proposing in turn is that of the money he spends for food in a day, a very few cents be directed to this most important part of his diet, a part for which unfortunately, he has no warning signals of hunger as with food itself or for salt or water, and whose inadequacy from his diet can incur serious disability and illness.

I hope that these comments may be of help in bringing this matter into clearer focus and it is in this spirit and one of cooperation with the larger purposes of your committee that they are offered.

Yours most sincerely,

WALTER A. COMPTON, M.D.

MILES LABORATORIES, INC.,
 Elkhart, Ind., January 24, 1963.

HON. PATRICK V. MCNAMARA,
 Chairman, Special Committee on Aging,
 U.S. Senate, Washington, D.C.

MY DEAR SENATOR MCNAMARA: As an officer of one of the Nation's leading producers of drug and pharmaceutical products, I am taking this opportunity to bring to the attention of you and your committee certain facts and observations. They have a direct bearing on your committee's recent hearing on the problems of the aging; I refer particularly to the area of fraud and deception which has been practiced upon the aged and gullible by unscrupulous opportunists. These additional facts deal with dietary problems especially involving the over-60 population of the United States. They are of public record but apparently have not been brought to the attention of you and your committee.

We are pleased that there is an active congressional committee such as the Senate Special Committee on Aging taking, under your direction, interest in this very important social problem. It is a problem which has been with us for years and has long needed attention. We heartily endorse the exposure and the publicity you have been able to give to proved medical hoaxes and the frauds and deceptions of other kinds as well.

I note, however, in the interpretation in the press a lack of differentiation between the exposure of the charlatan and these areas where there is an honest difference of opinion, even among professional experts, particularly as to the need for vitamins to supplement those taken through the food each of us ordinarily consumes. This is capable of creating a serious misinterpretation by the public which I do not believe you or the committee intends. It concerns me personally both as a citizen and a doctor of medicine and as an official of a firm that is recommending and distributing multiple vitamin tablets to the public.

May I introduce myself. I am executive vice president of Miles Laboratories, Inc., Elkhart, Ind., pharmaceutical and chemical manufacturer, established in 1884. My medical degree was obtained at Harvard University Medical School in 1937. I am a vice president and chairman of the executive committee of the National Vitamin Foundation, a member of the American Medical Association, Indiana State Medical Association, Elkhart County Medical Society, the American Association for the Advancement of Science, the Parenteral Drug Association, and the New York Academy of Science. I am also a vice president, past president, of the Elkhart County Health Foundation and chairman of the Planning Committee of Oaklawn Psychiatric Center of Elkhart. I am currently chairing a newly formed committee in our county for the remedy of racial discrimination in housing.

My associates here at Miles and throughout the pharmaceutical industry were shocked last week to read newspaper reports of certain sweeping testimony before your committee, in which "nearly every distributor of vitamins" was accused of foisting "the most lucrative deception" on the American public. This is being misinterpreted by the public as they read and heard the news reports as condemning all vitamin manufacturers and distributors as well as the products themselves. Senator Williams' statement in the committee on January 17 well exemplifies this. This will raise grave doubts in the public mind regarding manufacturers of unquestionable integrity.

It is the purpose of my letter to enter in the record certain basic facts concerning vitamin products and valid reasons why such vitamins are an essential supplement to the diet of aging persons—in fact, of all age groups. In doing so I well recognize that this is in part in direct contradiction to the testimony of the highly qualified expert witnesses who have appeared before you.

Generally speaking, there are three types of vitamin products:

- (1) Therapeutic, high-dosage vitamins which are usually recommended by the physician or prescribed to treat specific identifiable deficiencies.
- (2) Supplemental multiple vitamins usually in tablet or capsule form which supply all of the vitamins and in quantities essential to an individual's remaining in normal health. These are for people who for various reasons want to insure their vitamin intake to prevent possible ill health through vitamin shortages that otherwise might be expected to occur.
- (3) The supplemental vitamins used as additives to bread, cereal and other foods and to "health foods," especially those used for weight reduction. There are as well, unfortunately, a various multitude of products, which at-

tempt to hang on the magic of the word vitamin all varieties of spurious and imaginary benefits wholly unrelated to the normal and proper important position of these substances in normal nutrition.

It is the second category—the supplementary multiple vitamin products—that we are concerned about in this message to you.

We do not take issue with testimony before this committee which attacks, as well it might and should, those purveyors of vitamin products which purport to treat all manner of real or imaginary ills from senility to impotence. Vitamins are neither a cure-all nor any form of magic pep pill. But, they are absolutely essential articles of the diet without which, in adequate quantities, illness and even death are certain, an inadequacy of which the individual has no warning signal through hunger as he does for example for salt or water.

In any consideration of multiple vitamin consumption it is particularly important to realize that this health habit is not the result of a sudden fad. It is grounded in research done by medical and nutritional authorities over a period of years—research conducted in all parts of the Nation and among subjects in all walks of life. Much of these statistics on American diet habits have been provided by the U.S. Department of Agriculture. It is not our purpose in this letter to enumerate or document the substantial body of knowledge that has been accumulated by scientists in this field. These pertinent authoritative materials are available and can be further supplied for the record of your committee.

The following points summarize as briefly as possible the major reasons why our company and other reputable pharmaceutical firms serve the public by recommending for their use and marketing multiple vitamin preparations.

With more freedom of choice than in any other country, Americans have many and varied eating habits. In addition to personal preferences, many other factors beyond our control affect what, when, and how much we eat. These include age, sex, psychological, physiological, medical, economic, geographic, vocation factors, as well as those of local tradition and custom. It is true that all the individual vitamins are present in food that is available for most persons to eat. However, it is also true that there is no such thing as a single standard diet for everyone. One report of a nutritional study to which we will refer later, made on aging people, appeared in the June 1962 issue of *Modern Medicine Topics*, and was entitled "The Myth of the Well-Balanced Diet."

The large quantities of multiple and special vitamin preparations which physicians find it necessary to prescribe provide evidence that vitamin deficiencies occur despite the high American standard of living and the availability of a "well-balanced diet."

There are no warning hunger signals by which an individual can tell he is not getting enough of the individual vitamins.

A relative absence from the diet of inadequacy of any of the vitamins produces a type of illness which is exceedingly difficult to diagnose until it has become very severe.

Even the diagnosis, because of its insidious onset, is apt to escape recognition both by the individual and by his doctor.

Treatment of such a deficiency state is difficult and often complicated by other forms of illness to which the individual, especially among the aging, has thereby been exposed.

In contrast the supply at a cost of less than a few cents a day of a good quality multiple vitamin supplement will wholly insure that the individual has an adequate supply of vitamins.

If at one time or another it happens that one or another or even all of the vitamins in the supplement are not just at that period necessary, no harm whatsoever can result to the individual except the economic loss of some part of the few pennies invested. It may be added that a supplemental formula designed for general use, as is true with ours, itself provides significant economy since it can, of course, be manufactured and distributed more economically than can be several specialized formulas designed for specific purposes.

With specific reference to diet deficiencies in aging people, may I call your attention to a significant research project reported in the March 1962 issue of *American Journal of Clinical Nutrition*. The report, entitled "The Nutrition of a Group of Apparently Healthy Aging Persons" describes the results of a study made at the Age Center of New England, Inc., Boston, Mass. The study was

sponsored by grants from the U.S. Public Health Service and from the National Vitamin Foundation.

The findings of this research report were based upon the measurement of the daily intake of protein, vitamins, and minerals of 104 subjects at the Age Center. The results of the study showed that except for supplementation taken by the majority of these subjects there were marked deficiencies of intake of vitamin A, thiamine (B₁), riboflavin (B₂), niacin and ascorbic acid (vitamin C) as well as certain minerals.

A facsimile copy of this report as published is attached. The authors are Charles S. Davidson, M.D., Jane Livermore, B.S., R.N., Patricia Anderson, B.S., and Seymour Kaufman, M.D.

It is recognition of the above facts that our company believes that it serves the public interest in producing high quality multiple vitamin products for children and adults. The development of these products has been based upon sound scientific research. We do not advertise them as cure-alls, panaceas or as the answer to all health or nutritional problems.

Our company takes pride in its products and in its mission to serve health needs of people in more than 100 nations throughout the world. We shall continue our efforts to insure high standards of quality in our products and integrity in their advertising.

Our greatest concern at this point is to state as emphatically as possible that the fragmentary information about multiple vitamins that has been brought out in statements by witnesses before this committee has been, and will be misinterpreted by the public. It will be our intention to try to help to correct these and any further misinterpretations.

Your consideration is greatly appreciated.

Sincerely yours,

WALTER A. COMPTON, M.D.,
Executive Vice President.

MILES LABORATORIES, INC.,
Elkhart, Ind., January 25, 1963.

HON. PATRICK V. McNAMARA,
Chairman, Special Committee on Aging,
U.S. Senate, Washington, D.C.

DEAR SENATOR McNAMARA: Since writing you yesterday, the Food, Drug, and Cosmetic Report, edited by Wallace Werble in Washington, issue of January 21, 1963, has come to hand. It brings two quotations of Dr. Shank into proximity, and offers useful opportunity for commenting further on a point of significance to the attention of the committee.

Beneath a headline which refers to the committee's work as "Senate Hearings on Quackery and Fraud," these two sentences quoted from Dr. Shank appear in boldface type:

"Perhaps the most lucrative deception is perpetrated by nearly every distributor of vitamins, and vitamin mineral supplements," declared Dr. Robert E. Shank, chairman of the AMA Council on Food and Nutrition. "The immediate question is not whether vitamins or vitamin mineral supplements are necessary, but that the vast majority contain elements not needed in human nutrition or not shown to be lacking in conventional diets."

It would appear to me that this shifts his argument from the need for vitamin supplements to their formulation.

I am very sure that no one can argue that many vitamin products contain elements not needed in human nutrition at all, and these we deplore as much as Dr. Shank. There is a point, however, to be made for the designing of multiple vitamin products so that in a single tablet all the requirements of all the essential vitamins in basic quantities needed in human nutrition are present. With the sure conviction that although some individuals may not need some few of these vitamins at any one point of time, it is precisely by designing a product for such all-purpose use that real economy and safety for all is secured.

I do agree with Dr. Shank that all of these individual vitamins are to be found in varying quantities in normal foods and even in some degree in conventional diets, a term with many interpretations. But I am very sure that a pool taken of any group of Americans, as for example the members of your committee itself, will disclose that the majority of us recognizes that we do not eat what we know we should but we eat what pleases our tastes and hunger, or can suit our busy schedules.

A glance in a full-length mirror will indicate that half of us beyond the age of 40 do not follow diets that are suited to the rules of good health. In the terms of Dr. Shank's statement, the immediate question is not whether an adequacy of vitamins can be obtained from a healthy diet but what are we to do about the fact that a majority of individuals, in almost absolute certainty, does not eat a carefully selected balanced diet, and about knowing that there is no way in the world for these individuals to tell with certainty that they do?

Are we then, while simply asserting that they should know better, to permit the public to incur a less than satisfactory state of health when this can be so easily prevented by adding only a few pennies a day to the cost of their food intake?

Essentially, we are instead offering them a part of their diet to go with the other food they obtain from their grocer, but we do assert that vitamin supplements are one of the most important articles of food, at the lowest cost, that they ever have the opportunity to buy.

Sincerely yours,

WALTER A. COMPTON, M.D.,
Executive Vice President.

PREPARED STATEMENT OF THE NATIONAL HEALTH FEDERATION BY CLINTON R. MILLER, ASSISTANT TO THE PRESIDENT

Mr. Chairman and members of the committee, we wish to compliment this committee and its chairman for investigating fraud against the elderly.

The National Health Federation believes in freedom of choice in matters of health where the exercise of that freedom does not interfere with the safety or health of another and thereby deny him an equal freedom. This belief in freedom has certain limitations which are determined by an individual's chronological age. It is proper to give parents responsibility and authority over the health choices which must be made for minors. Once a person becomes of legal age, however, it has never been suggested by any previous free civilization that this freedom to make choices should be limited again just because a citizen grows older. Indeed, quite the contrary philosophy has dominated history.

It has been assumed that when one is free to make choices, he will make mistakes. Some learn and remember the lessons well, some do not. Those who skillfully apply their experiences, learned from making mistakes and avoid repeating the same error are called wise. Most stable civilizations have a place of reverence and respect for "wise old men and women." Far from limiting the freedom of choice of these wise ones, we traditionally allow them almost unlimited rights to make judgments based upon experience. This honored place is not allowed them because they get stronger physically as they grow older. The very fact that they lasted is proof that they made more right choices than those who didn't. If we now propose that someone take this honored place from the aged and place someone in a position to make choices for them, who shall we choose? If we can't trust the aged with freedom, then whom can we trust? Shall we put minors over seniors to prevent oldsters from making choices that might be wrong? Certainly it would be without precedent. History yields no pattern for guidance. Natural law seems to indicate our trial would fail.

When does excessive responsibility begin and where does proper concern stop? Our members insist that if an error is to be made in matters of health it should be made on the side of freedom. We have thousands of aged members, and not a single one wants to give up any right to make his own choice in matters of health. Our aged insist on freedom. They insist that no one shall be prevented from choosing the book, service, or product believed to be helpful to his health. They demand that they not be forced to do that to their bodies which they believe to be harmful.

THE RIGHT TO BE WRONG

Even our oldest and wisest members know that if they have freedom they will still make mistakes and will suffer for them, but so long as some human must make choices about their own health, they prefer to play that role themselves. They regard, with more suspicion, an overly solicitous politician who professes undue concern over their welfare than they do a merchant or salesman or doctor who is willing to offer his wares in the free competitive American marketplace.

EXCESSIVE RESPONSIBILITY

On the contrary, I am instructed to report to them those pompous officials who deem it their right to abrogate to themselves excessive responsibility for choices in matters of health. They properly consider these men as far worse frauds and far worse charlatans and far worse quacks than any in the field of health, for they are despots and tyrants who would force their will on another on so intimate and sacred a matter as that of health.

My role is to report to them any official, elected or appointed, who has become so arrogant that he has assumed his duty is to force a man to be well or go to jail. When we discover these self-appointed high priests over health, we work to remove them from office by due process.

Tyranny in matters of health is our greatest tyranny within America today, and the National Health Federation is organized for the specific function of opposing it.

At this time, I wish to state our complete accord with the stated purpose of this investigative committee.

While we fight for freedom, we insist that laws be passed and enforced to punish fraud. This committee is formed to investigate fraud against the elderly and we now submit for your consideration areas of fraud that are long overdue for Senate investigation.

Fraud No. 1. The fraud against the food and drug law

The most important book ever written in America to protect American citizens from fraudulent practices against their food and drugs was authored by Harvey W. Wiley, M.D., the acknowledged father of the Food and Drug Administration. It is entitled "The History of a Crime Against the Food Law—The Amazing Story of the National Food and Drugs Law Intended To Protect the Health of the People Perverted to Protect Adulteration of Foods and Drugs." We recommend its use as a textbook for your deliberations. This book is not a free-flowing novel for the shallow mind. With scissors and pastepot, Dr. Wiley collected and assembled the evidence just before his death in 1930, which reveals the greatest fraud against not only the elderly, but every American who has lived under the maladministration of this law since control of its enforcement was seized by the very commercial and professional segments that it was meant to regulate.

Agencies end up being regulated by those they were set up to regulate

Unless extreme care is taken by Congress, the agencies they set up to protect the citizens against frauds are soon controlled by those criminal elements they were meant to police.

Dr. Harvey W. Wiley charged and we maintain that this is precisely what has happened in the greatest fraud in American history. From the time of takeover that Dr. Wiley records in this book until the present, the Food and Drug Administration has been controlled by the financial and monopolistic interests whose fraudulent practices the law was specifically written to limit.

Statesmen lawmakers in Dr. Wiley's time valiantly fought to pass the pure food law of 1906. The interests who fought this bill, failing in their control of Congress, immediately seized control of the enforcement agency, the FDA. Dr. Wiley spent the first part of his life fighting to get the legislation passed. In this he was joined by Theodore Roosevelt. Dr. Wiley spent the last part of his life trying to honestly enforce the law he had fathered. In this he failed, and this long suppressed book reveals the fantastic incident that caused President Theodore Roosevelt to become an enemy of Dr. Wiley and not only withdraw his support, but set up the pattern by which the FDA could be maneuvered and controlled by the monopolistic and fraudulent interests who had so bitterly fought passage of the legislation.

I respectfully request that at the end of my statement that the following abstracts or articles be included into the record of this committee hearing:

1. Pages 372-402 from Dr. Harvey W. Wiley's book "The History of a Crime Against the Food Law." These pages briefly summarize Dr. Wiley's amazing story of how the national food and drugs law, which was intended to protect the health of the people, was perverted to protect adulteration of foods and drugs.

2. An article, "A Concept of Totality," by Dr. Joe D. Nichols, M.D., chairman of the board, Atlanta National Bank, Atlanta, Tex. This short article was taken from an address before the 68th Annual Convention of the Texas Bankers As-

sociation of Galveston on May 12, 1952. Dr. Joe Nichols is president of the Natural Food Associates, Atlanta, Tex.

3. A letter and clippings from volumes 40 and 41 of the Journal of the American Dietetic Association. These contain a sincere retraction and apology from the journal for calling Dr. Royal Lee and others "notorious food faddists and quacks."

4. An editorial from the New Orleans Tribune, April 8, 1941, which comments on the Supreme Court decision which found the American Medical Association guilty of criminal conspiracy to monopolize the practice of the healing arts.

5. An open letter from Dr. Walter F. Chappelle to Dr. Frederick J. Stare.

6. A letter from Dr. Roger J. Williams, professor of chemistry, and director of the Clayton Foundation Biochemical Institute, University of Texas, to the hearing clerk of the Department of Health, Education, and Welfare, August 2, 1962.

7. An article, "The Reappraisal of Today's Nutrition," by Dr. W. Coda Martin, M.D.

8. A pamphlet, "Your Health—What It Is Worth to the Racketeer," by Dr. Royal Lee, D.D.S.

9. A program announcing a lecture "Living Should Be Legal," by Carlton Fredericks, Ph. D.

10. An article, "Food and Cancer," by John Lear, of Saturday Review.

Fraud No. 1-A. The illegal sale of foods containing alum, benzoate of soda, saccharin, and sulfur dioxide

On page 399 of Dr. Wiley's book "The History of a Crime Against the Food Law," he stated: "The most important of these remaining steps is to repeal the permission given by the Remsen Board of Consulting Scientific Experts to add alum, benzoate of soda, saccharin, and sulfur dioxide to our foods. From the earliest days of food regulation the use of alum in foods has been condemned. It is universally acknowledged as a poisonous and deleterious substance in all countries. The United States is the only country which permits, of course illegally, the addition of alum to our food supply."

Fraud No. 1-B. The illegal sale of bleached flour and Coca-Cola

On page 400 of Dr. Wiley's book, he stated: "The next most important step is to secure from the officials enforcing the Food and Drug Act is recognition of the actions of the courts under the operation of the Food and Drug Act in convicting the manufacturers of bleached flour and Coca-Cola. In all these cases judgments of the Court condemning the use of all these substances were secured, but in no case was any effort ever made by the enforcing officers to follow up the Court decision. By reason of this fact interstate commerce in foods containing bleached flour, benzoate of soda, sulfur dioxide, and sulphites, together with soft drinks containing caffeine, such as Coca-Cola, go on unimpeded and unrestricted in all parts of the United States. The health of our people is constantly threatened by the use of these articles in our food.

It is a matter of common knowledge that the practice continues today despite the Court decisions establishing its illegality.

Fraud No. 1-C. FDA approval of saccharin in foods for nonmedicinal purposes

Section 125.7 of the Food, Drug, and Cosmetic Act, published June 20, 1962, in the Federal Register, is a proposed reversal of the original intent of the pure food law, protecting the consumer from the use of saccharin and other coal tar nonnutritive sweeteners except those specifically manufactured and labeled with appropriate warnings for medicinal purposes. On page 401 of his book, Dr. Wiley stated: If the Bureau of Chemistry had been permitted to enforce the law as it was written and as it tried to do, what would have been the condition now? *No food product in our country would have any trace of * * * saccharin [emphasis ours], save for medicinal purposes.*"

The above-proposed FDA ruling will allow saccharin in all foods. It is a complete reversal of the intent of the American people, their Congress, and Dr. Harvey Wiley. This is real fraud. Not only does Mr. Larrick's FDA refuse to prosecute in this field, but he now proposes to compound the crime by making legal the universal use of this toxic adulterant.

Here are the economic motivations. Saccharin costs \$1.50 per pound. It is 350 times sweeter than sugar, and 1 pound can replace 350 pounds of sugar at an average cost of \$35. For every pound of this coal tar toxic chemical that can be used to replace 350 pounds of sugar, there is a profit of \$33.50. Where is a greater fraud than this?

FDA'S SMOKESCREEN ATTACK ON "HEALTH FOODS QUACKERY" AND "FOOD FANATICS"

Why does Mr. Larrick's FDA attack Dr. Harvey W. Wiley's followers as "food fanatics"? Whenever past Congresses have been prodded by Dr. Wiley's followers to ask embarrassing questions of FDA, which revealed preventable deaths and injury because of FDA's refusal to prosecute the real food and drug criminals as Dr. Harvey Wiley did, they throw out a smoke screen to set Congress off the scent and play a cracked record, that shouts over and over, "food fanatic," "nutritional nonsense," "health food quackery," etc. etc. ad nauseam. It must be admitted that in the past it has temporarily baffled Congress, and effective investigations have been sidetracked. However, before this committee, the false charges of quackery came early enough in the 88th session that future hearings will give a chance for Congress to hear the other side and judge just who is responsible for frauds and crimes against the food and drug laws of our country. In this regard, the National Health Federation sincerely compliments the Honorable Senator McNamara for holding his hearings so promptly after the opening of the 88th Congress. Although many of the first witnesses were "smoke screen" witnesses, we are sure that future hearings before this committee will reveal the real fraud against the health of the aged and all other Americans that will substantiate Dr. Harvey Wiley's charges.

Which are the real villains—wholesome health foods or dangerous drugs, pesticides, preservatives, and additives with fatal and deforming side effects?

Mr. Larrick submitted to your committee a tabulation showing the enforcement activities that have been brought in the Federal courts in the 18-month period ending December 31, 1962. Mr. Larrick proudly boasted that there were twice as many prosecutions against harmless food products as there were against drugs. He said: "Very briefly, there were 97 seizures of food supplements, * * * and 49 seizures of drugs; * * *"

He then listed 41 pages of actions taken in Federal courts in the last 18 months against admittedly perfectly harmless, clean, safe, and wholesome vitamin products, sea salt, sea water, vinegar, honey, herbs, protein tablets, vegetable juices, safflower oil, molasses, and whole wheat cookies, millet and sesame seed pancake mix, wheat germ, dehydrated fruits and vegetables, etc. Nowhere is it claimed that these products were harmful to health.

By comparison, not a single jail sentence, not a single arrest or fine, not even a single listing of any manufacturer of thalidomide or Merk 29 (which resulted in the death of 53 people) appears anywhere in the record to indicate that there was a single punitive action taken by the FDA in these matters. Mr. Larrick has deliberately ignored the real danger areas where deaths and deformities could have been prevented by honest FDA enforcement but proudly boasts of his record of harassment in prosecuting "health foods" manufacturers of sea salt, vitamins, vinegar and honey and assumes that he has been successful in convincing both the Congress and the American public that these are the real villains against whom the FDA was organized to act.

Who is the father of this statement: "\$500 million in health foods quackery"?

This figure was first invented at the AMA-FDA Congress on Medical Quackery in 1961 and seems to be without an author. No one will accept responsibility for making the original statement, nor will anyone break it down. To see how deliberately vicious this statement is, consider the following facts: The entire health foods industry does less than \$100 million a year. So obviously \$400 million of the \$500 million is something other than "health foods." It may be drug quackery, or grocery quackery, or some other form of quackery but it is extremely unfair to attack "health foods" as a two-word preface to a figure of \$500 million when the entire industry is not one-fifth that large. When "pinned down" for an exact estimate of the dollar volume of the legitimate health foods industry that is "quackery," these AMA-FDA spokesmen who are so careless with their smears before a dignified Senate committee back away in pretended innocence. They assure both Congress and the press that they aren't talking about health food stores. If they aren't, then whom are they talking about? How irresponsible can one be in smearing an entire industry?

SMEAR-AND-RUN TACTICS

The National Health Federation draws this matter to this committee's attention with a respectful request that in all future hearings quackery be listed without a smear preface that reflects unfairly upon the honest activities of thousands

of sincere and hard working American business people. The NHF deplores the smear-and-run tactics of the AMA-FDA spokesmen before your committee in attacking an entire reputable American industry in this reprehensible manner.

"FOOD FANATIC"

One of the most important tasks that this committee can accomplish is to bring to earth a definition of a "food fanatic." Harvey W. Wiley was called a food fanatic by those who opposed the passage and enforcement of the pure food law. Those who follow him today are likewise labeled. What are a "food fanatic's" beliefs? Are his beliefs a threat to the health and safety of others? One of the things that caused early religious "fanaticism" was the discovery of the printing press. The wider distribution of books, especially the Bible, caused certain men to read and interpret new "fanatical" interpretations to Scriptures. Is there a similarity between those who today demand freedom of choice in matters of health and insist on reading about and choosing nonorthodox roads to health, and those early martyrs who insisted on freedom of choice in matters of religion? If a "food fanatic" today is sincerely concerned about Rachel Carson's book, "Silent Spring," and tries to get foods without poison pesticide residues through health food stores, does he then become a subject for inquisitorial legislation?

FREEDOM OF PRESS IN MATTERS OF HEALTH

Earlier witnesses attacked books and their publishers that advertised what they described as fake cures. Among those mentioned were "Bee Venom," by Dr. Joseph Broadman, published by Putnam; "Arthritis Can Be Cured," by Dr. Bernard Ashner, published by Julian Press, and "Arthritis and Folk Medicine," by Dr. D. C. Jarvis, published by Holt, Rinehart and Winston.

The National Health Federation strongly defends these and other publishers' rights and insists it is their constitutional duty to publish any book they want on health. We deplore the arrogance of any individual or association who would assume the right of prior censorship of all health literature.

The best way to reveal the motives of those who desire censorship power is to read that which they desire to censor. The National Health Federation holds no brief for or against arguments of Joseph Broadman, M.D. as outlined in his book, "Bee Venom." We simply believe that no person in America should be prevented from publishing or reading any book on health that he desires. We submit for the record his chapter No. 7 which follows:

CHAPTER VII. MY FIGHT FOR BEE VENOM RECOGNITION, BY DR. JOSEPH BROADMAN

"As pointed out in the other chapters, certain powerful forces in official medical circles are hindering the spread of knowledge about bee venom as a treatment for arthritis and rheumatism. Two principal agents in the fight against the acceptance of bee venom as a legitimate treatment are the drug firms, which discover, promote, and sell steroids, and the leaders of the medical profession, who choose to remain slaves to steroid treatment. A third contributing element is the strength of old, outmoded fabrications that linger on in the memory of some physicians, even prominent ones.

"From a purely material standpoint, the pharmaceutical industry in this country has a great deal to gain from large-scale production of the various corticosteroids. Bee venom costs much less than the latest steroid hormones; and the drug companies realize that fully. By making bee venom scarce, they force the doctor to use the steroid treatment for arthritis and rheumatism. In this case they have a conflict of interests. While they exist to serve the medical profession by making available the best of drugs and medications, they are also dedicated to profit from their efforts.

"As recent committee investigations show in detail, the companies continue to promote extensively their new drugs, without regard to their real efficacy. They boldly claim all sorts of good to accrue from their products, but in small print they add, as a precaution, that a still better remedy is in the offing. Thus, the public is encouraged to believe they have the best of medication when they may actually have an intermediate, and possibly unsuccessful, remedy.

"Much more responsible than the drug companies are the so-called leaders of the medical profession, for they hold the reins of research. They are slaves to steroids. Because they lack courage to free themselves, they have jeopardized our chance to progress.

"The blame must be laid at their feet for having so long ignored the flood of literature from Europe on bee venom and its power in healing arthritis and rheumatism. As much as the public, and possibly more, doctors need education regarding this therapy.

"Acceptance of a false belief can do irreparable harm to one afflicted with arthritis. If he chooses the wrong method of treatment, he will suffer with no chance of permanent relief, of being restored to health and a useful life. If apathy and doubt crowd out hope, he can forfeit effective permanent relief. The responsibility of medical leaders is to handle the problem of these two crippling diseases with courage and foresight.

"The strength of hand-me-down tales of bee stings and their effects on rheumatism and arthritis sufferers lingers on, cropping up occasionally in the opinions of prominent physicians. This tendency of outmoded opinion to rule modern science is illustrated by the following incident.

"About 3 years ago, an eminent physician with an international reputation, Dr. Walter C. Alvarez, wrote in his syndicated newspaper column that bee venom was useless for the treatment of rheumatism and arthritis. The entire article was based, not on recent research, but on his experience of 50 years ago.

"About the turn of the century, the daily press reported on a severely afflicted arthritic who, after being attacked by a swarm of bees and painfully stung, had recovered the use of his joints. Since physicians believed at that time that formic acid was the chief ingredient of bee venom, some began to inject the acid around the joints of their arthritis and rheumatism patients. None recovered and the doctors, soon discouraged by their efforts, wrongly declared that bee venom had no curative powers.

"Actually, they had proved that formic acid had no such ability. But 50 years later, our friend was willing to write a column based completely on his experience as a young intern who had also tried formic acid. He even seemed unaware that research had established that formic acid is not even an ingredient of the bee poison.

"After reading the article, I wrote a letter to Dr. Alvarez on November 25, 1958, in which I stated:

" * * * If you still believe what you wrote 3 years ago, I would like to explain that the reason your 50 patients did not get well, or did not get any benefit from the formic acid injections, is because there is no formic acid in bee venom.

"It is perfectly true that 50 years ago it was believed that formic acid was an important constituent of the venom. However, the work of a number of research workers since that time proves that formic acid is not at all a constituent of bee venom.

"Should you wish to look further into the subject, I respectfully refer to you the work * * * (about a dozen references were cited). Finally, I take the liberty to quote from the above-cited work of Forster (Karl August Forster; reference not reprinted here) in which he sums up the subject:

"Summarizing, it can now be said that there is no further doubt that in dealing with the effective portion of bee venom, we are dealing with a protein-like substance."

Not having heard from you in a long time, I hope that this will find you in good health, and thanking you for past courtesies.

Sincerely yours,

JOSEPH BROADMAN, M.D.

"To this I received a reply dated December 1, 1958, reading:

"DEAR DR. BROADMAN: Thank you for your letter. Yes, several people called my attention to my mistake * * *

"Cordially,

"WALTER ALVAREZ, M.D."

"Although the physician frankly admitted his mistake to me in a private letter, he did not make a public retraction, to the best of my knowledge. Instead, he compounded the error by attacking bee venom in 1961, in virtually the same language he had used previously. It is almost inconceivable to me how a physician of his standing can apologize privately to me, admitting his 'mistake' and then later repeat the same mistake in public print. He owes it to his readers and to the public in general to rectify an error that he has helped to perpetuate. By writing these two misleading articles, he has undoubtedly renewed many physician's hostility to the most effective treatment known today for arthritis and rheumatism.

"By way of comparison, Dr. Herman N. Bundesen (now deceased) was also an eminent physician with an international reputation. Among his many public and civic activities, Dr. Bundesen also contributed a syndicated medical column to some of the country's best newspapers. On December 31, 1958, he, too, wrote an article for his papers on the subject of bee venom. Here is what he wrote:

"Bee sting may relieve rheumatism.

"About 11 million Americans suffer from arthritis, rheumatism, or one of the other rheumatic diseases.

"Chances are overwhelming that not a single one of them is a beekeeper.

"Now you may snicker at this fact, but it has real medical significance. For centuries the general public has attributed the virtual immunity of beekeepers from arthritis and rheumatism to the repeated stings of bees.

"Ancient physicians, and even some during much more recent times, believed that the stings of bees helped prevent arthritis and rheumatism and helped cure them after they had developed.

"Apparently their patients complained of the technique, however, for treating persons with the bee stings isn't practiced any more. At least I hope it isn't.

"Yet the beneficial factor of the bee sting is readily available. Not only has bee venom been isolated and purified, it even has been standardized.

"Dr. Joseph Broadman, who has made quite a study of the value of bee venom in treating rheumatism and arthritis reported in a recent issue of General Practice that tens of thousands of persons have been treated with this method without any side effects, complications, or fatalities.

"He said those who have had experience with bee venom praise it very highly. And he says that use of bee venom in such cases "merits the careful consideration of the general practitioner."

"Now Dr. Broadman, who has had scientific papers published by numerous medical journals, doesn't claim that this form of treatment will cure all patients. However, he does feel that bee venom will give "large numbers" of rheumatic and arthritic patients "substantial relief."

"Many early cases, he adds, will obtain permanent relief, although others will get only partial results. Some, of course, will get no benefit at all.

"The simplicity of the use of bee venom," Dr. Broadman says, "lends itself to the practice of general practitioners everywhere."

"With the aid of a few others, I have tried to spread knowledge of the advantages of bee venom treatments for sufferers from arthritic and rheumatic diseases. To gain the meager success achieved so far has required extreme effort.

"I managed to achieve publication in only one medical journal in the United States (General Practice, see appendix). Then all avenues closed for future articles on bee venom. The first article was mailed to nearly every medical journal in the country. Two or three responded favorably, but did not publish the article. One journal accepted, only to return the article to me near publication time. The explanation: Two members of the editorial committee, who were especially interested in arthritis and rheumatism, 'objected' to its publication.

"Another journal's editor wrote me, stating the article would be considered for publication if revised in accordance with certain specifications. I gladly agreed to rewrite the article and when submitted, it was promptly accepted. But when the article reached the executive office, I received a letter (in October 1957) informing me that the article would be published in early 1958. More than 4 years have passed and the article has not been published and my correspondence has been ignored.

"While on the subject of rejection slips, let me list another one. I sent an article to a medical journal with a national circulation emphasizing that any general practitioner could treat patients suffering from arthritis or rheumatism with bee venom and could secure far better results (not exposing his patients to the dangers of side effects and complications, for example) than with the steroids now in use. The publication had asked its readers to contribute articles which might interest or help other physicians or their patients.

"Since I thought it a good opportunity to publicize vital information not available in most medical journals, I prepared a special article in which, after stating the facts as persuasively as possible, I presented a bibliography of no less than 85 articles (on the subject of bee venom) written by well-known authorities in Europe and in America. All related some experiences with the treatment for

all forms of arthritis and rheumatism. Surely, I reasoned, so important an array of confirmation and proof would move the editors into accepting the article.

"I was wrong. With the explanation 'it doesn't quite meet our needs,' my manuscript was returned. Their needs could be easily seen from the journal's contents, which dealt mainly with economic problems relating to the practice of medicine. Its entire income seems to come from page after page of pharmaceutical advertising.

"Here we can see another possible reason for the difficulties I have encountered. A publisher of a medical journal does not like to print material to which his advertisers may object, or which recommends medical remedies not prominently advertised. If those advertised products were as good as hoped, this sensitivity might be excused. But the steroids (to be specific) are not beneficial for arthritic and rheumatic sufferers.

"What is the physician's usual answer to the patient who asks about bee venom as a method of treatment for his arthritic or rheumatic condition? Let's follow a friend of an arthritic patient of mine. Having heard that his friend has obtained relief from me through bee venom, he decides to talk the matter over with his own physician. The doctor's stock answer goes something like this:

"Mr. H, like many arthritic patients, you have been coming here for some time. From the very beginning I have been telling you that nothing more can be done than is being done here. I have told the same to other patients, and others have been consulted to confirm my opinion. If there's any good in the bee venom treatment I must confess skepticism and a certain amount of ignorance regarding its value."

"And what the doctor does not know is that hundreds of doctors abroad have used bee venom in the successful treatment of tens of thousands of patients without one serious complication, side effects, or fatality. I have had the same results with many of my patients who have been relieved of suffering and, in many other cases, completely cured. Patients are cured within 3 weeks, sometimes within 6 months. In extreme cases treatment may last an entire year or even more. Often I can only arrest pain or give a partial result. I make no fantastic claims. Yet many patients have come to me after years of treatment from other doctors and, while skeptical of new methods, were overjoyed to learn that they could lead normal, healthy lives in place of ones filled with pain and frustration.

"I have earned many enemies and few friends precisely because I insist on clarifying the most efficient and beneficial methods of treatment for rheumatism and arthritis. There are many people, however, who do not want the truth preserved. Education to them is a farce. In creating the Broadman Library on War, Peace, and International Relations I did not seek praise, but only the preservation of truth for future generations. Even in that work some criticized me for not devoting my full time to the practice of medicine. In the same way, others oppose truth in medical science."

BOTH SIDES SHOULD BE HEARD

The National Health Federation again emphasizes that it is not defending the theories of Dr. Broadman. We do maintain, however, that Dr. Broadman and Putnam publishers should be given a chance to appear before this committee and publicly present their side. To give any publisher or physician the unfavorable publicity that was given to Putnam, Dr. Broadman, and others without a chance, to be heard is certainly unfair. It amounts to a trial by press release without a chance to reply. This committee is certainly not responsible for statements made by witnesses before it, but it is completely responsible for the agenda, and the National Health Federation urges it to hold further hearings and schedule those who were unfairly smeared by its first witnesses.

MUZZLING OF THE MEDICO

The American Medical Association is attempting to enforce upon the American public an unlimited prior censorship of the press on everything involving health. The top echelon of the AMA and the FDA have apparently joined hands in a deliberate, well-organized, criminal conspiracy to enforce a medical monopoly in all matters of health upon the American people.

PRIOR CENSORSHIP IS UNCONSTITUTIONAL

The National Health Federation urges this committee to consider carefully the unguarded attacks by prior witnesses upon some of America's greatest publishing houses—G. P. Putnam's Sons; Holt, Rhinehart & Winston; and Julian Press.

The NHF will fight for the constitutional right of any person to publish or read any book or literature on health that he desires. We are deeply alarmed at the inroads into this freedom that has been made by the AMA through its hidden influence and control of FDA, FTC, FCC, and the Post Office. The NHF intends to expose this conspiracy, and regards it as one of the most serious menaces to American freedom today. By listing books and literature as labeling, the AMA-FDA has imposed censorship power to areas that were never intended by Congress. This must be corrected.

The National Health Federation does not need to defend or be responsible for the theories on health that are published in order to defend the right of publishers to freedom of the press. Freedom means the right to have and publish wrong theories, as well as right ones. A mistake in health can be fatal, it is true, but we allow freedom in religion, where a mistake could be eternal. In the fundamental things of life a man must be free.

The National Health Federation compliments the chairman and members of this committee for early and timely investigation into frauds against the aged. A serious problem does exist in this field, and we encourage you to probe until you have fully uncovered the greatest fraud of all—that which was revealed by Dr. Harvey W. Wiley.

PHARMACEUTICAL MANUFACTURERS ASSOCIATION,
Washington, D.C., January 31, 1963.

Hon. PAT McNAMARA,
Chairman, Special Committee on Aging,
U.S. Senate, Washington, D.C.

DEAR SENATOR McNAMARA: The Pharmaceutical Manufacturers Association, representing 140 ethical drug manufacturers producing 90 percent of the Nation's prescription products, followed with interest the recent hearings of the U.S. Senate Special Committee on Aging on medical quackery, of which you are chairman.

We have long concerned ourselves with this challenge to legitimate medical care, and its tragic effects upon young and old alike.

We were particularly in agreement with your statement, made December 30, 1962, in a news release, as follows: "I have been informed there have been no congressional hearings specifically and extensively on quackery and nostrums. Certainly the consumer needs and is entitled to more information."

In a speech just 2 years previously, on December 12, 1960, I pointed out that investigation of the drug industry earlier that year might well, at least in part, have turned to this problem of "useless quack cures."

"Indeed," I told a Pharmaceutical Manufacturers Association regional meeting, "the publicity alone from such an investigation would be of incalculable public benefit, quite apart from legal actions likely to follow such an exposé. Amplified by Congress, the warnings not only of the Cancer Society and the Arthritis and Rheumatism Foundation, but hundreds of professional and public service organizations in the health field, would boom across the land. Thousands of afflicted people might be prevented from falling prey to health rackets and racketeers. Moreover, congressional interest could add muscle and morale to the Food and Drug Administration in its tireless effort to track down and weed out substandard and dangerous drugs.

"And such an investigation would, I remind you, have the enthusiastic support and cooperation of our pharmaceutical industry."

Our continuing concern is indicated by an article, "The Tragicomedy of Quackery," beginning on page 2 of the enclosed copy of *Medicine at Work*, our monthly external publication. Perhaps you will find it useful in your present study.

Sincerely,

AUSTIN SMITH, M.D.

[From Medicine at Work, October 1961.]

Health humbuggery—In sum * * * Each year an estimated 100,000 health phonies victimize 25 million Americans. In return for a billion-dollar take, they undermine health and spawn disappointment. The humbug whips up a spark coil here and an atomic sounding name there. He adds such "glories" of nature as sea water, tosses in a glowing testimonial, and sprinkles liberally with sweet and double bubble talk. Hear his spiel: "We have blackstrap molasses and substitutes for glasses. Root pills, garlic pills, alfalfa pills for all your ills. Sick? You got it, we explain it. Remedy? You ask it, we arrange it. Money? You borrow it, we take it. Phoney? You lie—we deny! It's all here, folks—potions and lotions, hair growers and sinus blowers, rheumatism cures and virility lures, surgical bosom fills and antistupidity pills. So step right up * * *

* * * and substance—So long as people desire health, and feel they are not being satisfied quickly or easily through legitimate channels, they will be setups for deception. The double-pronged solution lies in divide and conquer—expose and smash the sharpies on the one hand, and effectively alert the public to quackery's perils and waste on the other. Despite 3,500 years of health chicanery, there are glimmers of hope that such a strategy might work.

A HARVEST OF DOLLARS, LIES AND DEATH

In the south German town of Burg Preppach, door-to-door medicine peddlers have a sure-fire pitch. "Take one of these tablets each morning and night," they say, "and your brain will become sharp as a buzz saw." The staff is nothing more than sugar but, so far as the buyer is concerned, it really works. Local police have given up trying to jail the quacksters because nobody who buys the "antistupidity" pills will admit he has been gyped.

There are no complaints, either, from a Chicago man who stopped taking insulin after falling for the "magic spike." This pencil-sized glass tube, containing less than a penny's worth of barium chloride but costing \$306, came with directions to "hang this around your neck and its rays will cure any disease you have." No complaints because the man is dead—diabetic coma.

Such is the tragicomic opera of the health phoney—clown and killer, corny con man and ruthless robber. He may be a smalltime half-informed cheat or a knowledgeable, cold-blooded quack millionaire. Are you amused at the spiel in his office, at his tent meeting, across his store counter, outside your door, through his mailings? Or, maybe you are so desperately in need of help that you hang onto his every word? It matters not to the medicaster. He would just as soon hear a laugh as a sigh when he reaches for your money. A smirk doesn't faze him, either. For, medical quackery in America is far from trivial.

While there are no exact totals, reports from the Post-Office Department, other Federal agencies, State license examiners, national health organizations, better business bureaus and independent investigators indicate that:

Health chicanery is practiced by at least 100,000 fakers whose "specialties" range from arthritis and cancer, to food fads and kitchen-table abortion; from diabetes and sex, to high blood pressure and hypnosis.

More than 25 million Americans a year fall prey to this humbuggery, whether they swallow some line on a bogus health tonic or let themselves be strapped against an impressive-looking "invigorator" machine. Of these victims, at least 5 million suffer serious health setbacks, and thousands are hastened toward death.

The annual take of this racket in all its phases probably exceeds \$1 billion, with the breakdown by category as follows:

Arthritis.—This most fertile field for quackery yields a harvest of \$250 million annually from nearly half of the Nation's 12 million arthritics, according to the Arthritis and Rheumatism Foundation. As yet, there is no cure for the disease. More than 10,000 charlatans bank on statements such as this one from a Los Angeles victim who paid \$600 to a faith healer: "I know it's ridiculous, but I'm so desperate I'll spend any amount to get rid of this pain. Of course, the pain is still there."

Cancer.—Four thousand phonies, says the American Cancer Society, make a killing of \$50 million yearly. Those with curable cancer die unnecessarily, those who cannot be cured are denied effective relief from pain, and those afflicted who are led to believe they have cancer are disfigured by caustic concoctions. As with arthritis, another result is financial suffering.

Illegal abortion.—The incompetents in this operation take in between \$150 and \$300 million a year, and are responsible for at least 5,000 deaths. In a recent series in the Saturday Evening Post, seasoned reporter John Bartlow Martin calls abortion the Nation's third biggest racket (after gambling and narcotics).

Fads fads and self-prescribed nostrums.—Upward of 10,000 gyp artists, who haunt the fringes of truthful presentation with their fact-twisting pitches, are directly engaged in parting the sucker from his money. The combined take most likely is more than \$300 million annually, and—although this is not always outright quackery—there are more victims of financial weakening than in any other form of health deception. A recent Post Office survey reveals that this category represents the most popular health fraud in the United States.

Psychoquackery.—Not even an official "guesstimate" is available of the number of these fringe operators, but their loot certainly is in excess of \$50 million annually, according to individual psychiatrists who often must undo the damage of those posing as metaphysicians, dianetic auditors, astrolotherapists, scientologists, theosophists, therapeutic hyponotists, etc. Several States recently began prosecuting these imposters for violating medical practice laws.

Other.—The desperate diabetic, the bewildered venereal disease carrier, the skin disease sufferer, the balding, the impotent, the flat-chested, others who find it easy to believe there are short-cut remedies outside the truly remarkable advances of established medical science—they also enrich the imposters in health. By how much? "If you put the figure at \$100 million, you probably are undershooting the mark," say a veteran medical fraud investigator in Washington.

FORTUNES, HEARTBREAK, ACTION

One U.S. Cabinet officer has publicly described quackery as "more lucrative than any other criminal activity." Postal authorities figure that the mail-order volume alone in worthless nostrums and health gadgets comes to \$50 million a year. Even more is pocketed by door-to-door dispensers of dubious health remedies, according to GP, official journal for family physicians.

Fortunes of individual health promoters have ranked with those of the gambling czars, vice kings, and narcotics bosses—at least \$1 million a year each, for example, to the flamboyant goat-glander John R. Brinkley, the Denver cultist Leo Spears, and naturopath Harry Hoxsey. Before a Federal court cracked down on Hoxsey in 1960, cancer patients had paid an estimated \$50 million for his worthless treatment over a 10-year period.

"The quasi-medical underworld grosses each year from its victims a sum equal to half the annual sales of ethical drugs by legitimate companies," Austin Smith, M.D., president of the Pharmaceutical Manufacturers Association, said last December. "This shadow zone of wasteful medical cost requires as much exposure as its attendant heartbreak and death. When one witness told the Senate Subcommittee on Antitrust and Monopoly about these charlatans, never had a congressional inquiry been handed a finer opportunity to launch a public crusade against criminal operatives in the health field. And what happened? Nothing."

But while the subcommittee failed to pursue the opportunity, others did. This month (October 6, and 7), in Washington, D.C. leaders in health, business, law enforcement and communications are meeting in a First National Congress on Medical Quackery, sponsored jointly by the American Medical Association and the Food and Drug Administration. Their objective is to split the sharpie from his victim—it takes at least two to tangle into fraud—by developing more effective blows against the charlatans, and better educating the public to quackery's perils and waste.

WHY THEY GO TO QUACKS

This is no simple task. So long as women want beauty, men want virility, parents want strong children, and the sick want relief from suffering—so long as people desire health, and are not satisfied quickly or easily through legitimate channels, the pseudologist will emerge, ready to exploit them. It is because of this common human denominator of "perfection in wish" that quackery, dating back to 1500 B.C., sometimes is called the second oldest profession.

At times, the denominator plumbs fantastic depths. Little more than a generation ago, thousands of followers of health faddist Horace Fletcher were eagerly heeding his advice to chew each mouthful of food (even soup) 32 times—one for each tooth. Other cultists earnestly believed that women who adhered to the

diet program of "Professor" Arnold Ehret could expect "immaculate conception." Ten thousand disciples of Dinshah Ghadali conscientiously slept only with the head pointing north. Other desperate patients still have implicit faith in the advice of a present-day cancer quack who prescribes a certain root "which must be pulled with the left hand at the rise of the moon on Friday the 13th."

Faith, a potent and legitimate factor in orthodox physician-patient rapport, accounts for the isolated successes of some charlatans. Is it not medicine's challenge to demonstrate that while faith and science may indeed work miracles, one cannot fully succeed without the other? It would seem so, according to two recent reports. One is from Dr. Albert Helser, who notes that Nigerian witch doctors have been losing so much prestige lately that now they give aspirins with their incantations. The other is from a Houston physician who found the blood pressure of one of his hypertensive patients actually dropped after she followed the advice of a visiting witch doctor—that she wear 9 cloves around her neck on a silken thread. The Houston physician is advising her to wear her cloves and to take the medicine.

WHAT CAN BE DONE

While the health racketeer cashes in most heavily with the mass-appeal spiel, not even the supposedly sophisticated are completely immune to his pitch. Among those who have fallen for the sharpie talk were George Washington (he praised a worthless health gadget), former Mayor Ed Kelly of Chicago (he defended the "magic spike"), and the late U.S. Senator William Langer (he actively supported a fake cancer cure).

Oliver Field, whose department of investigation at the American Medical Association handles 4,000 quack inquiries annually, is able to verify from his half million index cards that quackery in the United States knows no economic, educational, or cultural barriers among its victims. An authority on cardiovascular diseases, Dr. William H. Gordon, says: "When it comes to thinking in terms of disease and death, we are not far removed from our distant forefathers, who believed in mysticism and magic and employed amulets and charms for protection."

At the same time, certain trends indicate that health humbuggery, and the gullibility on which it feeds, may yet be licked by concerted action of individuals in diverse groups:

The growing efforts of health group leaders to expose and correct abuses of the few incompetents and charlatans who hide behind professional degrees.

The fearless campaigns in all communications media to focus a spotlight of publicity on the implied stripes of humbuggery: Quick cure, secret cure, guaranteed cure, suppressed cure, testimonial proof of cure.

The increasing enlightenment which has made legislators more persuasive and law officers more alert in attacks on the phonies.

The recognition by more and more physicians that traditional courtesy, concern, and confidence need not be a lost art in medicine—that the brusque or callous abandonment of a terminal cancer patient, for example, is the surest way of sending him to a sweet-talking quack.

Concurrently, ethical pharmaceutical and other orthodox scientific advances at last are uncovering tangible solutions to disease and disability problems which have stumped mankind for centuries. This progress, together with the healing touch of conservative medical practice, can enable patients to glimpse more hope in fact than in fantasy.

THE BAYER CO.,
New York, N.Y., February 20, 1963.

HON. HARRISON A. WILLIAMS,
Senate Office Building,
Washington, D.C.

DEAR SENATOR WILLIAMS: In your presence on January 14, before the Senate Special Subcommittee on Aging, Mr. Oliver Field, director, Department of Investigation of the American Medical Association, stated: "Now, the truth is if you buy it (aspirin tablets) for 10 cents a hundred, or a dollar a hundred, it is all the same." (Transcript, p. 71, parentheses added.)

Senator, this is not the truth. This is a serious error and one which should certainly be corrected in the interests of the American public of all ages and, particularly, in the interests of many of your constituents.

You are probably aware that our plant in Trenton manufactures all the Bayer aspirin tablets used in the United States. Perhaps you are not aware that, on the basis of Bayer aspirin production in Trenton alone, more aspirin tablets are manufactured in the great State of New Jersey than in any other State in the United States and, indeed, more than in any other State or country in the entire world. In the year 1962 more than 6½ billion Bayer aspirin tablets were manufactured in our plant in Trenton.

We understand that Dr. Blasingame, executive vice president of the American Medical Association, and on behalf of that organization, has written to Senator Patrick McNamara as chairman of the Special Committee on Aging pointing out that Mr. Field's statement was actually contrary to the view of the American Medical Association and explaining that the medical profession recognizes and relies on the fact that products composed of the same chemical ingredients are by no means the same in physiological activity and effectiveness. I commend this correspondence to you and to the committee.

Because of the importance of this matter and the wide publicity which Mr. Field's statement has received I do not think it should be concluded without a statement from our company whose product has been disparaged and who, after all, is the world's leading authority on aspirin. Although excellent and correct in every way, Dr. Blasingame's letter does not and cannot call upon the wealth of factual background and experience which we have at our command. Accordingly, I would like to develop certain features of this subject for you.

I assume that everyone would concede that all items in a given generic class are not necessarily the same. All aspirin is not the same for very much the same reason that—to cite a few examples—all automobiles are not the same, that all radios and television sets are not the same, and that all brands of chocolate ice cream are not the same.

Important differences between Bayer aspirin tablets and other aspirin tablets result from qualitative differences in basic raw materials, in manufacturing and packaging methods, in the skill, care, and experience of manufacturing personnel, in particular product specifications, and in the number on types of controls imposed.

Let's look at some of these differences and see what they mean.

Bayer aspirin tablets differ from aspirin tablets made to minimum U.S.P. standards in purity, in stability, and in their resulting uniformity of therapeutic effectiveness and performance. They also differ in their relative freedom from acetic acid odor, in the rate and uniformity of disintegration and in the uniformity of available fine particles during and at the end of disintegration. Among the reasons for the rapid disintegration of Bayer aspirin tablets are the specific proportions of special corn starch, the unique waterless method by which the acetylsalicylic acid itself is made, as well as the use of unique apparatus and methods in the tableting process.

From the beginning of the manufacturing process until the tablet leaves the plant, Bayer scientists perform over 100 separate laboratory tests to insure the uniformity, quality, potency, and purity of Bayer aspirin tablets for adults. Over 200 such tests are made in connection with Bayer aspirin for children.

The Bayer method and technique of preparing, manufacturing, and tableting aspirin tablets is distinctive and, in many important respects, is substantially different from, and much more expensive than that of all other manufacturers.

Aspirin was first introduced in the United States by our Bayer Co. at the turn of the century. We put Bayer aspirin out in tablet form in 1915. Unlike most other manufacturers of aspirin tablets, we make our own tablets from the ground up. Moreover, the entire Bayer aspirin production is used in Bayer aspirin tablets and not sold under any other brand name. Although the chemical configuration of Bayer aspirin is no different from that of aspirin that meets U.S.P. specifications, Bayer aspirin has always been made by a unique process—a process quite different from that used in the manufacture of the other brands of aspirin that are on the market. In the acetylation of salicylic acid to make aspirin, no water or moisture—aqueous moisture—ever comes in contact with the Bayer product. Pharmacologists will tell you that aspirin is highly sensitive

to moisture and that moisture will quickly break it down to free salicylic acid and acetic acid which is irritating.

Bayer control specifications show that all Bayer aspirin and Bayer aspirin tablets exceed U.S.P. requirements in at least 12 particulars described on the breakdown attached.

By imposing very careful controls Bayer is able to produce a minimum of 20 million Bayer aspirin tablets a day and yet it is able to insure their uniformity, high quality, purity, and effectiveness. Doubtless, no other manufacturer attempts to maintain such close range specifications.

In order to provide you with current data actually comparing Bayer aspirin and other brands of aspirin, on January 21 we had our control personnel in Trenton make random purchases of 12 different brands of aspirin, including Bayer. These purchases were made in nine different retail outlets in the Trenton area.

Routine analysis showed that the Bayer aspirin met or exceeded all U.S.P. standards and also met all of Bayer's own higher standards. Of the other 11 brands, 3 had 1 or more broken tablets, 2 had 1 or more tablets spotted with grease, 3 had an acetic odor, 3 were off-white in color, only 1 was enclosed in a carton with a separate direction circular, 9 had no outer carton; and 2 had either an illegible or no control number. Quite a part from this survey we know that Bayer aspirin is the only aspirin which reaches the consumer in a sealed carton. The fact that Bayer's carton is sealed and that detailed directions are enclosed is more important than it may seem at first. Besides making a pharmaceutically elegant package and providing precise and complete directions and other information conducive to proper and safe usage, this method of packaging serves to protect the product from damage in transit, from deterioration while held in stock, and from tampering at any point in the channels of distribution.

Other shortcomings in the 11 other brands of aspirin analyzed were these: One failed the U.S.P. minimum standard for weight variation, 3 barely passed the U.S.P. minimum for free salicylic acid and, of course, failed to meet the Bayer specifications, 4 did not meet the Bayer specifications for aspirin grainage, and 3 failed to meet the Bayer specification for disintegration time.

Although these differences clearly suggest that further important differences would be found if further analysis and tests were conducted, I think the above is sufficient to demonstrate that while "all aspirin is not the same," all Bayer aspirin is—and that this is important.

In closing I would like to extend again to you, Senator, and to your staff as well as to the Special Committee on Aging, a standing invitation to visit our plant in Trenton and see for yourself the great care, skill, and experience that go into the manufacture of Bayer aspirin tablets. Just call or write to me and we shall surely be able to accommodate your busy schedule.

Respectfully yours,

J. N. COOKE, *President.*

Enclosure.

Acetylsalicylic Acid U.S.P.

1. Contains not less than 99.5 percent of acetylsalicylic acid.
2. White crystals.
3. Tabular or needle-like crystals, or crystalline powder.
4. Weight loss on drying: 0.5 percent permissible maximum.
5. Residue on ignition (i.e., inorganic residue): permissible maximum 0.05 percent.
6. Chloride (an impurity) 0.014 percent i.e., 140 parts per million permissible maximum.
7. Sulfate (very common impurity): 400 parts per million permissible maximum.
8. Free salicylic acid: 0.1 percent permissible maximum.
9. Heavy metals: 10 parts per million permissible maximum.

ACETYSALICYLIC ACID TABLETS U.S.P.

1. There must be 95 to 105 percent of labeled amount of acetylsalicylic acid (4.75-5.25 grain permissible potency variation in each tablet, i.e., .50 permissible potency variation).
2. Free salicylic acid (i.e., undesirable free salicylic acid in tablet on basis of aspirin content):
0.15 percent permissible maximum. (U.S.P. permits 50 percent increase in free salicylic acid to allow for deterioration of aspirin powder during manufacture into tablets).
3. Disintegration: Must be complete in 5 minutes (until October 1960 was 15 minutes).

Bayer Aspirin

Contains not less than 99.9 percent of acetylsalicylic acid under such test (one-fifth of permitted variance).

Crystals are of the purest white. Crystals initially produced do not thereafter need recrystallization.

Special flake shape and needle shape (i.e., slender and elegant crystals tapered at both ends); flakes translucent and unctuous.

Bone dry; no weight loss.

Average residue is 0.025 percent (one-half of maximum).

Chloride content of Bayer aspirin never exceeds 0.007 percent i.e., 70 parts per million (one-half of amount permitted).

200 parts per million Bayer maximum (one-half of amount permitted). Since sulfate is considered an impurity, Bayer does not even use sulfuric acid as a catalyst although it is an excellent catalyst and is used in industry.

.035 percent Bayer maximum (three times better than U.S.P.).

5 parts per million Bayer maximum (one-half of amount permitted).

BAYER ASPIRIN TABLETS

Always 100 to 105 percent of Bayer labeled amount of acetylsalicylic acid (5.0-5.25 grain; only .25 potency variation, i.e., every tablet contains a minimum of 5 grains).

.035 percent Bayer maximum (four times better) (percentage of free salicylic acid same as in powder; Bayer does not take advantage of U.S.P. allowance.)

Starts to disintegrate in less than 2 seconds. Complete disintegration within 30 seconds maximum.

NATURAL FOOD ASSOCIATES,
Atlanta, Tex., February 25, 1963.

Senator PATRICK V. McNAMARA,
Senate Office Building,
Washington, D.C.

DEAR SENATOR McNAMARA: Dr. Robert E. Shank, chairman of the Committee on Food and Nutrition of the American Medical Association, recently testified before your Special Committee on Aging. Unfortunately he listed the name of "Natural Food Associates" in a group of organizations which he accuses of telling "big lies" to the American people.

Would it be possible to have the enclosed letter introduced into the record of your committee hearings?

Sincerely,

JOE D. NICHOLS, M.D.
National President.

Enclosure.

ELLINGTON MEMORIAL HOSPITAL,
Atlanta, Tex., February 16, 1963.

Dr. ROBERT E. SHANK,
Chairman, Council on Foods and Nutrition,
American Medical Association,
Chicago, Ill.

DEAR DR. SHANK: In the January 26, 1963, issue of JAMA, you are quoted as saying "the food fanatics are well organized." You have included Natural Food Associates in a group of organizations that you claim are spreading the four myths of nutrition. You infer that Natural Food Associates believes "that all diseases are due to faulty diet." This is not true and you have no right to make this unwarranted charge against our organization. Twelve years ago I wrote "A Concept of Totality" in which I suggested there were six chief causes of disease: (1) emotional, (2) nutritional, (3) poisons, (4) infections, (5) accidents, and (6) inherited. The leadership of Natural Food Associates recognizes the importance of all these, including allergy, as basic causes of disease.

We do believe that soil depletion causes malnutrition. You have no valid proof that this belief is a myth. The experiment done by the USDA at Ithaca, N.Y., was not scientifically planned and the results were misinterpreted. Sir Albert Howard proved the relationship of the fertility of soil to health more than 40 years ago. The careful, scientific work of Dr. William A. Albrecht of the University of Missouri, and the late Dr. E. E. Pfeiffer, showing the definite relationship of soil fertility to the quality of the foods produced, cannot be denied.

I am chairman of the public relations committee of our local county medical society. It is my opinion that the unwarranted attacks being made by your committee on Natural Food Associates and other dedicated, informed conservationists, is doing great harm to the public relations of our profession. Millions of Americans have lost confidence in the FDA, the Better Business Bureau, and the AMA as a result of these baseless charges. The average American is more intelligent than you might think.

The biochemist may not recognize the importance of proper nutrition in the prevention of metabolic disease. But the farmer, the veterinarian, dentists, and thousands of practicing physicians are quite sure that malnutrition is a chief cause of an ever-increasing illness in this country.

You are quoted as saying that we believe that commercial food processing destroys the nutritive value of foods. And again you call this belief a myth. Have you ever compared the nutritional quality of enriched white bread to that of bread made from freshly ground wheat which has not been bleached with chlorine dioxide? Did you know that the food processors are removing most of the vitamins and minerals from our cereals? The enrichment program is only a very feeble effort which fails to restore many of the essential nutrients. Are you not familiar with what happens to the natural oils when they are refined and hydrogenated by the food processor?

And again you have said that we in Natural Food Associates believe that most Americans suffer from subclinical deficiencies and therefore need to supplement their diet with "various concoctions." Did you know that 98.5 percent of Americans have dental caries? Reliable authorities in the dental profession know that refined carbohydrates and malnutrition are the chief causes of dental caries.

Dr. Ancel Keys, an authority on the subject, has said that "among adults, in the United States at least, the question is not who has atherosclerosis, but rather who has more and who has less." P. A. Boyer, in the JAMA 1959: 170, has said that atherosclerosis, the forerunner of coronary disease in 97 percent of the cases, is no longer a disease of the aged. And the Council on Food and Nutrition in 1957 said "improper nutrition as a basic cause of atherosclerosis has, in the past few years, been well established."

I do not know what your definition of "various concoctions" might include. Natural Food Associates has never promoted food faddism or quackery. On the contrary, we are doing our utmost to educate our members so that they will not fall victim to the quack or food faddist. We are teaching our members the values of natural, poison-free food grown on fertile soils. We believe this is the proper way to get good nutrition. We are trying to encourage and teach farmers how to grow poison-free food on fertile soils.

Natural Food Associates is a conservation organization. We are trying to conserve soil, water and human health and we are quite sure that they are inter-related.

We are not trying to exploit either our members or the American people. After all natural, poison-free foods grown on fertile soils are actually the least expensive foods today. The most expensive foods are the commercial breakfast cereals. Did you know that 4 ounces of puffed rice now sells for 23 cents in the supermarket? This is 92 cents a pound the consumer is paying for rice that has had most of the vitamins and minerals removed.

Your testimony before the U.S. Senate Special Committee on Aging on January 15 will be challenged and vigorously opposed. I only wish that you could have met the leaders of Natural Food Associates and could have been properly informed about our beliefs before you gave your testimony to the committee. We are not spreading "big lies" as you testified. I think you owe Natural Food Associates an apology for your unwarranted attack.

I wish you could come to Atlanta and visit our NFA headquarters. I would like to take you on a tour of my own farm and show you the results of our methods. I would like for you to be my guest in my home.

I have known Dr. Blasingame for many years. I believe he will vouch for my sincerity, and dedication to the high principles of our profession.

I served as councilor of the 15th district of the Texas Medical Association for 9 years. I have been president of the 15th District Medical Society of Texas and the Tri-State Medical Society. I am presently vice chairman of the Committee on Nutrition of the Texas Medical Association.

Sincerely yours,

JOE D. NICHOLS, M.D.

(Whereupon, at 12:10 p.m., the committee recessed to reconvene at 10 a.m., Wednesday, January 16, 1963.)

